WHITE PLAINS CITY SCHOOL DISTRICT

Permission to Administer Multiple Medications

Student Name:					DOB:		
Grade: Teacher/HR:			School:				
Diagnoses	To	-	-		re Provider		
Medication Name Dose			Route	Time	Initial applicable boxes below		
Wieute	ation Name	Dose	Route	Tille	□ AM		
					□Self-Directed		
					□ AM		
					□Self-Directed		
					☐ AM		
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Prescriber please use codes below for each medication ordered: AM Nurse may administer missed morning dose indicated after verbal or written notification from parent.							
	Please advise parent to send in additional medication						
FT	Medication is needed on field trips						
SSA Self-	Medication is needed school sponsored extra-curricular activities						
Directed	I assess this student is self-directed regarding their medication. They understand the purpose, name, amount, dose, timing, and effect of taking or not taking the medication, can recognize the medication and refuse to						
	take it inappropriately and can ingest, inhale, apply or calculate and administer the correct dose of						
Self-	the medication independently. They and tearmined this student is consistent and responsible in taking their own medications (Self Directed)						
Administer/	I have determined this student is consistent and responsible in taking their own medications (Self-Directed) and in addition, give them permission to self- carry and self-administer this medication. They will be						
Self-Carry	considered independent in medication delivery and need intervention only during emergencies.						
Name and Title of Licensed Prescriber (Please Print)							
Prescriber's SignatureDatePhone						iie	
To Be Completed By Parent							
I give permission for the above medication to be administered to my child as ordered by my health care							
provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it.							
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Note: Students may only self-carry Epinephrine Auto Injectors or asthma inhalers.							
	lian Signature			Da	nte	Phone	
Parent/Guard				Da	nte	Phone	
Parent/Guard	er/Self Carry					Phoneand self-carry medication.	
Parent/Guard Self-Administ Parent permis	er/Self Carry sion and provider	consent is re	equired for s	students t	o self-administer a		
Parent/Guard Self-Administ Parent permis Students with	er/Self Carry sion and provider this designation a	consent is re	equired for s	students t ent in tak	o self-administer a	and self-carry medication.	
Parent/Guard Self-Administ Parent permis Students with no supervision	er/Self Carry sion and provider this designation a n by the nurse. Pa	consent is re are considere rents assume	equired for s d independ e responsibi	students t ent in tak lity for en	o self-administer a ing their medication suring that their c	and self-carry medication. on at school and require hild is carrying and taking	
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