## Canastota Central School District Provider and Parent Permission to Administer Medication at School/School Sponsored Events

	То Во	e Completed by Pare	ent	
Student Nai	me:		DOB:	
Grade:	Teacher/HR:		School:	
own medica		to take their own m	er the nurse determines my child can take the edications. I will provide the medication in the ed with school staff caring for my child.	
Parent/Guardian Signature			Date	
Email		Phon	Phone Where We Can Reach You	
	To Be Completed By F	Health Care Provide	-Valid for 1 Year	
Diagnosis _				
Medication				
Dose Route		Time(s)		
Recommendations			ICD Code	
·	escribed time. Please advise if there is a	·		
NYS law req inhaled resp other medic	oiratory rescue medications, epinephrin	e student has demon le auto-injector, Insi ion along with paren	strated they can effectively self- administer ulin, carry glucagon and diabetes supplies or t/guardian permission delivery to allow this	
Name/	/Title of Prescriber (Please Print)	Date	_ Stamp	
Pres	scriber's Signature	Phone		
	Email			
Return to: PSES - Megh	an Ryan RN (Phone 315-697-6350) (Fax 315	-951-2711) <u>mryan@ca</u>	nastotacsd.org	
SSES - Joann	e Vaccaro RN (Phone 315-697-6362) (Fax 31	.5-697-6364) <u>jvaccaro@</u>	Dcanastotacsd.org	
RSES - Miche	elle Marsello RN (Phone 315-697-6314) (Fax	315-951-2376) <u>mmars</u>	sello@canastotacsd.org	
JHS/CHS - Ro	seann Gardinier RN (Phone 315-697-6315)	(Fax 315-951-2375) <u>rg</u> a	ardinier@canastotacsd.org	
This sample	e resource is located at www.schoolhea	lthservicesny.com –	3/2019	