



Medication Form for School and/or Trip Administration

School Name: _____ Date: _____

Student's Name: _____ DOB: _____ Weight: _____

Over The Counter Medications: (available from the nurse as needed)

<i>Medication Name:</i>	<i>Dose, Frequency, & Route of Administration:</i>	<i>Time of Admin:</i>	<i>Diagnosis:</i>
Tylenol (or generic)	Given PO as per label instructions by age/weight	PRN	Pain or fever
Ibuprofen (or generic)	Given PO as per label instructions by age/weight	PRN	Pain or fever
Benadryl (or generic)	Given PO as per label instructions by age/weight	PRN	Allergic reactions (non life-threatening)
Bacitracin (or generic)	Applied topically as per label instructions	PRN	Superficial cuts/abrasions
BZK Antiseptic Wipes	Used topically as per label instructions	PRN	Superficial cuts/abrasions
Calamine Lotion	Applied topically as per label instructions	PRN	Itchy skin from contact dermatitis or insect bites
Bug Spray	With or without Deet/Picaridin	PRN	Insect repellent
Sting Relief	3 times a day as directed	PRN	Insect bite antiseptic & pain reliever topical

All of the above medications will be provided as school stock when requested by the student and/or upon nursing judgement when needed. If providing your own medication, please have the healthcare provider write an order below for the specific bottle provided.

My child will bring & apply their sunscreen when needed. If they need help applying, I (circle one) **DO/ DO NOT** give permission for a staff member to assist them.

Prescription Medications: (these will be provided by the parent & kept secure with the nurse, except if noted below)

<i>Medication Name:</i>	<i>Dose, Frequency, & Route of Administration:</i>	<i>Time of Administration:</i>	<i>Diagnosis:</i>	<i>Independent Use & Carry (Circle One)</i>			
				1	2	3	4
				1	2	3	4
				1	2	3	4
				1	2	3	4

For Student Administration Status Above: 1- Nurse Dependent. 2- Supervised. 3- Independent. 4- Independent Use & Carry (Independent use & carry is only to be used when appropriate for rapid administration medications i.e.: diabetes medications, inhalers, or other life saving medications).

Parent/Guardian (Print): _____ Parent/Guardian (Signature): _____ Date: _____

Healthcare Provider Orders: I request that this student receive the medication(s) as prescribed above. **I have crossed out any OTC meds that are NOT approved.**
Approved medications will be given by the school nurse, except if noted differently above.

Healthcare Provider Signature: _____ Date: _____

Providers Name, Address, Phone (or stamp to the right): _____

NYSCSH Guide to Determining Levels of Assistance in Medication Delivery

Level of Assistance Needed	What the Student Can/Cannot Do	What the Staff Can/Cannot Do
<p>Nurse Dependent Student</p> <p>NYS licensed RN, LPN (under the direction of RN), NP, Physician or PA must administer medications.</p>	<p>Cannot</p> <p>Demonstrate that they understand about their medication or take it as described in the yellow box below.</p>	<p>School Staff May Not Assist Students with Medications</p> <p>An appropriate licensed medical professional (LPN under the direction of, or RN/NP, Physician or PA) authorized to administer medications in NYS must administer all medications to the student.</p>
<p>Supervised Student</p> <p>RN or other appropriate licensed health professional is not needed for direct monitoring of the student taking their medication.</p>	<p>Can</p> <p>State the name, amount, time & effect of taking/not taking their medication. Recognizes what the medication looks like & if/when to refuse to take it & what happens when not taken. Able to swallow, inhale, apply, calculate, take the correct dose of medication, or request /direct an adult to assist them, if needed.</p>	<p>School Staff Trained by the School Nurse May Assist Students at the Request & Direction of the Student</p> <p><i>IF TOLD TO DO SO BY THE STUDENT:</i> Trained staff may open bottles, remove the requested number of tablets/pills or pour the requested amount of liquid for the student who needs help in doing so, assist with BG testing or perform BG testing for the student as requested by student, verify math calculations or verify the numbers entered into insulin meters/devices by the student.</p>
<p>Independent Student</p> <p>Needs staff intervention or assistance only during emergencies.</p>	<p>Can</p> <p>Take (self administer) their medication without assistance. Are permitted to carry their rescue medication(s) for respiratory conditions, allergies, or diabetes if there is written parent consent & provider's written order attesting the student can self-administer & has demonstrated effectively.</p>	<p>No Assistance is Needed from School Staff</p> <p>The student either takes medication independently in the health office or carries & uses it with the required documentation. If a student has an attestation to self-carry & self administer but the medication administration is not documented by the school, the parent/guardian assumes responsibility for ensuring their child is taking the medication as ordered. Schools need to have a written care plan which instructs students how to obtain help from school personnel if needed. Schools should have additional doses of medication in the health office in case the student who is carrying & using their medication(s) does not have access to their self-carried medication.</p>

*Requests for use of non-FDA sanctioned medicines including but not limited to, herbal remedies, essential oils, dietary supplements, naturopathic or holistic medicines, & natural products, or non-FDA sanctioned devices or combinations of devices do not need to be honored by a school district or school nurse.