

Peru Central School District Self-Medication Release Form

This form is required for all age-appropriate students who are to be approved to carry and self-administer their own emergency medications (such as, but not limited to, inhalers, Epipens or diabetes management medications).

For medications that will be administered and stored by the School Nurse, please use the "Daily or As-Needed Medication Release Form."

Dear Parent or Guardian:

In accordance with the New York State Law, the listed guidelines below are to be followed by School Nurses/School Nurse Teachers in connection with the administration of medications to students at school.

1. There must be a written order from the prescribing physician which states the name of the child, medication to be given, the purpose of the medication, time and dosage to be administered as well as the physician's signature.
2. There must be a written request from the parent or guardian to administer the medication while the student is at school.
3. The parent or guardian is responsible for notifying the school if any changes are to be made in the administration of medication to their child.
4. The medication must be carried in an original container with the current prescription included.

Date: _____

Student Name: _____ Date of Birth: _____ Grade: _____

The above student has been instructed in the proper use of _____ for
(Name of medication)
the condition of _____.

The prescription reads as follows: _____.

We, _____ and _____, request
(Primary Care Provider's signature*) (Parent signature**)

that the above student be permitted to carry and use the medicine at school. Both parent/guardian and the physician attest the student can independently manage their medication without assistance by school personnel, EXCEPT in the case of an EMERGENCY.

** Must be signed by Primary Care Provider unless the school receives a separate signed medication order sent from the Primary Care Provider on their letterhead.*

****My signature authorizes Peru Central School Health Services to share medical information relating to my child. Per the HIPPA Law, only the "minimum necessary" faculty/staff will be provided information and instructed to keep it CONFIDENTIAL.**

Elementary Nurse, gr PK-2: (518) 643-6106
Intermediate Nurse, gr 3-5: (518) 643-6206

12/1/3/1 Nurse: (518) 643-6114

Middle School Nurse, gr 6-8: (518) 643-6306
High School Nurse, gr 9-12: (518) 643-6442