



Medication Form for in School and/or Trip Administration

School Name: _____ Date: _____

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

Over The Counter Medications: (these will be available from the nurse for use in school/on the trip as needed)

<i>Medication Name:</i>	<i>Dose, Frequency, and 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	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	Applied 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 and Pain Reliever Topical

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

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

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

<i>Medication Name:</i>	<i>Dose, Frequency, and Route of Administration:</i>	<i>Time of Administration:</i>	<i>Diagnosis:</i>	<i>Student Administration Status (Circle One)</i>			
				1	2	3	4

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

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

Healthcare Provider Orders: **1)** I request that this student receive the medication as prescribed above as needed/prescribed. **I have crossed out any OTC meds that are NOT approved.** Approved medications will be given by the school nurse, except as noted above.

Healthcare provider signature: _____ Date: _____

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

NYSCSH Guide to Determining Levels of Assistance in Medication Delivery

Levels of Assistance Needed	What the Student Can/Cannot Do	What the Staff Can/Cannot Do
<p style="text-align: center;">Nurse Dependent Student</p> <p>NYS licensed LPN (under the direction of) or RN/NP, Physician or PA must administer medications</p>	<p style="text-align: center;">Cannot</p> <p>Demonstrate that they understand about their medication or take it as described in the yellow box below.</p>	<p style="text-align: center;">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 style="text-align: center;">Supervised Student</p> <p>An RN or other appropriate licensed health professional is not needed for direct monitoring of student taking their own medication.</p>	<p style="text-align: center;">Can</p> <p>State the name, amount, time and effect of taking/not taking their medication. Recognize what the medication looks like and if/when to refuse to take it and 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 style="text-align: center;">School Staff Trained By The School Nurse May Assist Students At The Request and Direction Of The Student</p> <p style="text-align: center;"><i>IF TOLD TO DO SO BY THE STUDENT:</i></p> <p>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 style="text-align: center;">Independent Student</p> <p>Needs staff intervention or assistance only during emergencies</p>	<p style="text-align: center;">Can</p> <p>Take (self-administer) their own medications without any assistance. Must be permitted to carry take their rescue medications for respiratory conditions, allergies or diabetes if there is written parent consent and a provider's written order attesting the provider has determined the student can self-administer effectively.</p>	<p style="text-align: center;">No Assistance Is Needed From School Staff</p> <p>The student either takes medication independently in the health office (after being handed the medication container by school staff) or carries and uses it with the required documentation. If a student has an attestation to self-carry, self-administer, medication administration is not documented by the school and the parent/guardian assumes responsibility for ensuring their child is taking the medication as ordered. Schools should 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 and 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, and natural products, or non-FDA sanctioned devices or combination of devices do not need to be honored by a school district or school nurse.