

OLEAN CITY SCHOOL DISTRICT

410 West Sullivan Street * Olean, New York 14760

Provider and Parent Permission to Administer Medication at School/School Sponsored Events

PLEASE RETURN TO THE SCHOOL NURSE OR FAX TO THE MEDICAL OFFICE AT THE APPROPRIATE SCHOOL BELOW:

OHS FAX: (716) 375-8277

WASHINGTON WEST FAX: (716) 375-8970

OIMS FAX: (716) 375-8096

EAST VIEW FAX: (716) 375-8929

Make every effort to administer medication at home, as it does represent a disruption in the student's day.

To Be Completed By Parent

Student Name: _____ DOB: _____

Grade: _____ Teacher/HR: _____ School: _____

I request the school nurse or designated person give the medication listed on this plan. I will provide the medication in the original pharmacy or over the counter container. Medication will be brought to school by an adult.

Parent/Guardian Signature

Date

Email

Phone

To Be Completed By Health Care Provider-Valid for Current School Year

Diagnosis _____

Medication _____

Dose _____ Route _____ Time(s) _____

Recommendations _____ ICD10 Code _____

Note: Medication will be given as close to the prescribed time as possible, but may be given up to one hour before or after the prescribed time. Please advise if there is a time-specific concern regarding administration.

Name/Title of Prescriber (Please Print)

Date

Prescriber's Signature

Phone

License or NPI #

PHYSICIAN STAMP