Arlington High School Health Office

1157 Route 55, LaGrangeville, NY 12540
Phone 845-486-4860 Ext. 31313 Fax 845-350-4182

Medication Order Form

A **provider order** and **parent/guardian permission are REQUIRED** for all medications administered at school and/or school sponsored activities.

__Athletes will not be permitted to participate in sports without current orders__

The below provider attestation is REQUIRED for a student to independently carry and use a medication such as inhaled respiratory rescue medication, epinephrine auto injector, insulin, glucagon and diabetes supplies, or other medications requiring rapid administration along with parent/guardian permission to allow this option. Students who participate in sports are required to be able to independently carry and administer these medications.

Student Name_____ DOB_____ Grade/Class_____

Health Care Prescriber Medication Order:

Diagnosis: _____ Diagnosis: _____

Medication: _____ Medication: _____

Dose & Route: _____ Dose & Route: _____

Time: _____ Time: _____

Provider Permission for Self- Administration and Carry:

❒ **No** ❒ **Yes** I attest that this student has demonstrated that he or she can self-administer the medication(s) listed above effectively and may carry and use this medication independently at any school/school sponsored activity. Staff intervention and support are needed only during an emergency.

Provider's Signature_____ Date _____

Provider's Name_____

Provider's Address _____

Phone_____ Fax_____

Provider Stamp

Parent/Guardian Permission for Medication:

Review and sign **only one** of the following:

Option A: For a student with provider permission to self-administer and carry

☐ I agree that my child can self-administer and will carry the medication as prescribed above.

Option B: For student without provider permission to self-administer and carry

☐ I give permission for my child to receive the medication prescribed above. I understand that I must bring the medication to the school nurse in the original pharmacy or over the counter container.

Parent/Guardian Signature _____ **Date** _____