

**Beekman Elementary**210 Lime Ridge Road  
Poughquag, NY 12570Phone 845-227-1817  
Fax 845-350-4170**Medication Order Form**

A **provider order** and **parent/guardian permission** are required for all medications administered at school and/or school sponsored activities. ***This medication order is valid for a period of one year.***

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade/Class \_\_\_\_\_

**Health Care Prescriber Medication Order:**

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dose &amp; Route: \_\_\_\_\_

Time: \_\_\_\_\_

Additionally, provider attestation and parent/guardian permission are 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.**

**Provider Permission for Self- Administration and Carry:**

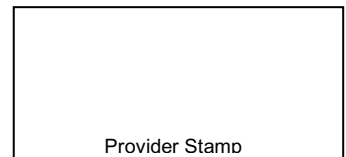
☐ **No**   ☐ **Yes**, I attest that this student has demonstrated that he or she can self-administer the medication(s) listed above effectively and may carry and use this medication independently at any school/school sponsored activity. Staff intervention and support are needed only during an emergency.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Name \_\_\_\_\_

Provider's Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



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**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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**OR****Option B. For a student without provider permission to self-administer and carry. (See above.)**☐ 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 \_\_\_\_\_