

LaGrange Middle School Health Office

110 Stringham Road
LaGrangeville, NY 12540

Phone 845-486-4880 Ext. 22120
Fax 845-350-4160

**Emergency Medication Doctor's Order Form
(FOR SELF-CARY/SELF ADMINISTERED MEDICATIONS)**

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:

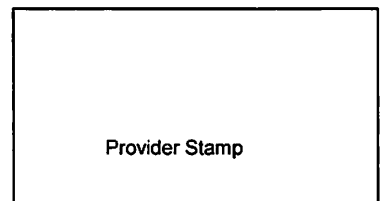
No Yes, I attest that this student has demonstrated that he or she can self-administer the medication(s) listed above effectively and may carry and use this medication independently at any school/school sponsored activity. Staff intervention and support are needed only during an emergency.

Provider's Signature _____ Date _____

Provider's Name _____

Provider's Address _____

Phone _____ Fax _____



Parent/Guardian Permission for Medication

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

Parent/Guardian Signature _____ Date _____