



HAMILTON CENTRAL SCHOOL

47 West Kendrick Avenue ♦ Hamilton, New York 13346 ♦ 315-824-6400 ♦ www.hamiltoncentral.org

Mr. William Dowsland
Superintendent of Schools

Mr. Mark Arquiett
Secondary Principal

Ms. Heather Thomas
Elementary Principal

Mr. Kevin Ellis
Director of PPS

Mr. Christopher Rogers
Director of Technology

Dear Parent or Guardian:

If your child will be taking medicine at school, provider and parent permission forms are needed for both prescription and over the counter medications. **New medication permission forms are required each school year.**

New York State Law requires that:

- Parents or guardians must personally deliver all medication to the school health office (unless a self-carry order form is signed by parent and physician). All Controlled medications must be brought by an adult.
- All medication(s) must remain in properly labeled pharmacy or original over the counter (OTC) containers.
- A new prescription/medication form signed by the medical provider is required at the beginning of every school year.
- The parent must sign the medication permission form.

We request that you ask your pharmacist to give you a **second identically labeled container** for any prescription medications your student will take at school. We also request that you bring **small containers of any OTC medications** that your student will take. This will allow the School Nurse to send these medications on field trips and comply with New York State laws pertaining to medication storage.

Medication forms are available from the School Health Office. If you have any questions or concerns, please call the Health Office at 315.824.6340.

Thank you for your cooperation.

Cydnee Wendt, RN
School Nurse



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PROVIDER AND PARENT/GUARDIAN PERMISSION TO ADMINISTER MEDICATION AT SCHOOL/SCHOOL SPONSORED EVENTS

School Name: _____ DOB: _____

Grade: _____ Teacher/HR: _____ School: _____

To Be Completed by Parent/Guardian

I request the school nurse give the medication listed on this plan; or after the nurse determines my child can take their own medications; trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with school staff caring for my child.

Parent/Guardian Signature Date

Phone Where We Can Reach You Email
(Check if Cell)

To Be Completed by Health Care Provider

Diagnosis: _____

Medication: _____

Dose: _____ Route: _____ Time(s): _____

Recommendations: _____ ICD 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.

Independent Carry and Use Attestation Attached (Required for Independent Carry and Use)

NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medications, epinephrine auto-injector, Insulin, carry glucagon and diabetes supplies or other medications which require rapid administration, along with parent/guardian permission delivery to allow this option in school. Check this box and attach the attestation to this form to request this option.

_____ Name/Title of Provider (Print)	_____ Date	Stamp
_____ Provider's Signature	_____ Phone	
_____ Provider's Email		

Please return to School Nurse:

School Nurse:	School:
Phone:	Fax:
	Email: