

Thousand Islands Central School  
 8481 Co. Rt. 9 Clayton, NY  
 (315)-654-2144 or (315)-686-5594  
 www.1000islandsschools.org  
**Provider and Parent Permission to Administer Medication  
 at School/School Sponsored Events**

**To Be Completed By Parent**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/HR: \_\_\_\_\_ School: \_\_\_\_\_

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

\_\_\_\_\_  
 Email Phone Where We Can Reach You  Check if Cell

**To Be Completed By Health Care Provider-Valid for 1 Year**

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 Prescriber (Please Print) _____	Date _____	Stamp       
Prescriber's Signature _____	Phone _____	
Email _____		

**Return to:**

School Nurse: R. Leavery RN School: High School/Middle School  
 School Address: 8481 Co. Rt. 9 Clayton, NY 13624  
 Phone: ( 315 ) 686-5594 ext. 5088 Fax: (315 ) 654-5039 Email leaveryr@ticsd.org