Geneseo Elementary Health Office
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Phone: (585)243-3450 Ext.3002
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Permission to Administer Multiple Medications

Student Name: _____ DOB: _____
Grade: _____ Teacher/HR: _____ School: _____

To Be Completed By Health Care Provider

Diagnoses _____

Medication Name	Dose	Route	Time	☑ applicable boxes below
				☐ AM _____ ☐ Bus ☐ FT ☐ SSA ☐Self-Directed ☐ Self Admin-Self Carry
				☐ AM _____ ☐ Bus ☐ FT ☐ SSA ☐Self-Directed ☐ Self Admin-Self Carry
				☐ AM _____ ☐ Bus ☐ FT ☐ SSA ☐Self-Directed ☐ Self Admin-Self Carry

Prescriber please use codes below for each medication ordered:

AM	Nurse may administer missed morning dose indicated after verbal or written notification from parent. Please advise parent to send in additional medication
Bus	Medication must be available on bus
FT	Medication is needed on field trips
SSA	Medication is needed school sponsored extra-curricular activities
Self-Directed	I assess this student is self-directed regarding their medication. They understand the purpose, name, amount, dose, timing, and effect of taking or not taking the medication, can recognize the medication and refuse to take it inappropriately and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently.
Self-Administer/ Self-Carry	I have determined this student is consistent and responsible in taking their own medications (Self-Directed) and in addition, give them permission to self- carry and self-administer this medication. They will be considered independent in medication delivery and need intervention only during emergencies.

Name and Title of Licensed Prescriber (Please Print) _____

Prescriber's Signature _____ **Date** _____ **Phone** _____

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To Be Completed By Parent

I give permission for the above medication to be administered to my child as ordered by my health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it.

Parent/Guardian Signature _____ **Date** _____ **Phone** _____

Self-Administer/Self Carry

Parent permission and provider consent is required for students to self-administer and self-carry medication. Students with this designation are considered independent in taking their medication at school and require no supervision by the nurse. Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. Schools may revoke the self-carry/ self-administer privilege if the student proves to be irresponsible or incapable. To request this option please sign below:

Parent/Guardian Signature _____ **Date** _____ **Phone** _____