PLAINEDGE UFSD Permission to Administer Medication/s in School

Grade:			,UB;			
	Teacher/HI	R:			School: _	
nome addres	5S;					
Parent nome	e phone:			_ Parent c	ell phone:	
Parent work phone:				_	,	
				-	 	
	Т	o Be Compl	leted By H	ealth Ca	re Provider	
Diagnoses						
			······································			
Medi	cation Name	Dose	Route	Time	☑ applic	able boxes below
1					□ AM	□ Bus □ FT □ SS
		!			1	
 -			 		☐Self-Directed	
1		-			□ AM	Bus DFT DSS
			<u> </u>		☐Self-Directed	☐ Self Admin-Self Car
					□ AM	
			<u> </u>	<u> </u>	☐Self-Directed	☐ Self Admin-Self Car
***	Prescribe	r please use c	odes below	for each	medication order	red:
AM	Nurse may administer missed morning dose indicated after verbal or written notification from parent.					
Bus	Please advise parent to send in additional medication Medication must be available on bus					
FT			<u> </u>	-		·
SSA	Medication is needed on field trips Medication is needed school sponsored extra-curricular activities					
Self-	I assess this student is self-directed regarding their medication. They understand the purpose, name,					
Directed amount, dose, timing, and effect of taking or not taking the medication, can recognize the n						e purpose, name, Ize the medication and
	retuse to take it inap	propriately and	can ingest, inf	iale, apply (or calculate and admir	rister the correct dose of
and the second s	refuse to take it inappropriately and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently.					
						
Self-	I have determined th	is student is con	isistent and re	sponsible li	taking their own me	dications (Self-Directed)
Administer/	I have determined the and in addition, give	is student is con them permission	n to self- carry	and self-ac	iminister this medicat	ion. They will be
	I have determined th	is student is con them permission	n to self- carry	and self-ac	iminister this medicat	ion. They will be
Administer/	I have determined the and in addition, give	is student is con them permission	n to self- carry	and self-ac	iminister this medicat	ion. They will be
Administer/ Self-Carry	I have determined the and in addition, give considered independent	is student is con them permission	n to self- carry	and self-ac d need inte	iminister this medicat rvention only during e	ion. They will be mergencies.
Administer/ Self-Carry	I have determined the and in addition, give considered independent	is student is con them permission	n to self- carry	and self-ac d need inte	iminister this medicat	ion. They will be mergencies.
Administer/ Self-Carry Prescriber's S	I have determined the and in addition, give considered independent ignature	is student is con them permission lent in medication	n to self- carry on delivery and	and self-ac d need inte	iminister this medicat rvention only during e	ion. They will be mergencies.
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