NORTH COLONIE CENTRAL SCHOOLS

91 Fiddlers Lane

Latham, NY 12110

SHAKER HIGH AND MIDDLE SCHOOL FORMS

AUTHORIZATION FOR A STUDENT TO USE AND CARRY MEDICATION(S) IN SCHOOL

Shaker High Fax (518) 785-2767 or 783-5905 **Shaker Middle School Fax (518) 785-2768**

1. All Medications (prescription and non-prescription) must be prescribed by a licensed prescriber. Prescription medication must be in the original container, labeled with the student's name, drug name, frequency of administration, dosage, date prescribed and prescriber's signature. Non-prescription medication must be in the original labeled container with student's name written on the container.

2. Students are allowed to carry **ONLY** asthma inhalers, diabetes medication and allergic reaction medications ie:Epi Pens and/or Benadryl. This form must be completed and returned to the nurse's office to be kept on file.

3. These orders expire at the end of the school year and must be renewed at the beginning of every school year.

Diagnosis_____ **ICD Code** _____

A. **Name of Student**_____Date of Birth _____

1.Medication_____Dosage, Frequency, & Route _____

2.Medication_____Dosage, Frequency, & Route _____

3.Medication_____ _Dosage, Frequency, & Route _____

Health Care Provider Permission for Independent Use and Carry

I attest that this student has demonstrated to me that they can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity with no supervision by school staff. This order applies to the medications checked below:

This student is diagnosed with:

❑ Allergy and requires Epinephrine Auto-injector

❑ Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication

❑ Diabetes and requires Insulin/Glucagon/Diabetes Supplies

❑ _____which requires rapid administration of _____

(State Diagnosis) (Medication Name)

Signature of licensed prescriber: _____ License #_____

NAME OF LICENSED PRESCRIBER AND TITLE (Please Print): _____

Address:_____NPI # _____

Date :_____Phone:_____

Parent/GuardianSignature_____Date:_____