**McGraw Central School District**

**Parent Permission to Administer Medication at School/School Sponsored Events**

**To Be Completed by Parent/Guardian**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

I request the school nurse give medication to my child; or after the nurse determines my child can take their own medications; trained staff may assist my child to take their own medications. **I, the parent, will provide the medication in the original pharmacy/over the counter container AND deliver personally to school nurse. A doctor’s order also must be provided to administer ANY medications in the school setting.** The medication **CANNOT** be brought in by the student. Medication has to be picked up by parent/guardian before the end of the school year. This plan will be shared with school staff caring for my child. Any questions or concerns can be directed to the health office. Thank you for your understanding.

Parent/Guardian Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Vanessa Whorrall, BSN/RN Heather Wilcox, BSN/RN**

 **Elementary School Nurse High School Nurse**

 **607-836-3652 607-836-3606**