



SOUTHERN TIER CATHOLIC SCHOOL ARCHBISHOP WALSH ACADEMY

208 North 24th Street Olean, New York 14760 Phone (716) 372-8122 Fax (716) 372-6707



Provider and Parent Permission to Administer Medication at School

Please return to the school office or fax to (716) 372-6707

To be completed by parent:

Student Name: _____ DOB: _____

Grade: _____ Teacher/Homeroom: _____

I request the school nurse or designated person give the medication listed on this plan. I will provide the medication in the original pharmacy or over the counter container. Medication will be brought to school by an adult.

Parent/Guardian Signature Date

Email Phone

To be completed by health care provider-valid for current school year

Diagnosis: _____

Medication: _____

Dose: _____ Route: _____ Times: _____

Recommendations: _____ ICD10 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.

Name/Title of Prescriber (please print) Date

Prescriber's Signature Phone

License or NPI #