

STUDENT HEALTH SERVICES

The Board of Education recognizes that good student health is vital to successful learning and realizes its responsibility, along with that of the parents, to protect and foster a safe and healthful environment for the students.

Each school within the District shall work closely with the student's family to provide detection and preventive health services. In accordance with law, the school will provide medical examinations, dental inspection and/or screening, scoliosis screening, vision screening, and hearing tests. Problems shall be referred to the parents who shall be encouraged to have their family physician provide appropriate care.

Schools shall also provide emergency care for students in accidental or unexpected medical situations during school hours.

A permanent student health record shall be part of a student's cumulative school record and should follow the student from grade to grade and school to school along with the student's academic record. This record folder shall be maintained by the school nurse.

Communicable Diseases

It is the responsibility of the Board to provide all students with a safe and healthy environment. To meet this responsibility, it is sometimes necessary to exclude students with contagious and infectious diseases from attendance in school. Students will be excluded during periods of contagion, per current New York State Department of Health Guidelines and Albany County Department of Health.

It is the responsibility of each school, working through District health personnel, to enforce this policy and to contact the New York State Department of Health and Albany County Health Department immediately upon notification of an outbreak, even if one student, of a reportable communicable disease.

Physical Examination of Students

Upon registration, parents shall be notified that each new entrant is required by New York State law to have a health examination, and that a report of the examination must be submitted to the school by the examining physician. All students entering Pre-K, Kindergarten, Second, Fourth, Seventh, and Tenth grades are also required by New York State Law to have a physical. Parents are encouraged have to have their child or children examined by their primary health care provider. A physical exam can be obtained at no cost through the school doctor if the student has no medical provider.

If a report of a child's examination is submitted from a primary health care provider, it must be signed by a duly licensed physician, physician assistant, or nurse practitioner, who is authorized to practice medicine in New York State or by a duly licensed physician, physician assistant, or

nurse practitioner, who is authorized to practice in the jurisdiction in which the examination was given, provided that the Commissioner has determined that such jurisdiction has standards of licensure and practice comparable to those of New York.

Each health certificate shall describe the condition of the student when the examination was made, which shall not be more than twelve (12) months prior to the commencement of the school year in which the examination is required, and shall state whether such student is in a fit condition of health to permit his or her attendance at the public schools. The health certificate shall be submitted to the School Nurse within thirty (30) days after a student's entrance in school for filing in the student's cumulative health record. If the report is not submitted for a child whose examination is mandated, the Principal or his/her designee shall notify the parent/ guardian in writing that, if the required health certificate is not furnished within thirty (30) days from the date of the notice, the child will be examined through the school health service program.

As further required by New York State Law, vision, hearing and scoliosis screening shall be given to each student according to the requirements of the Education Law and Regulations. If the parent/guardian is unable or unwilling to provide the necessary relief and treatment for their child, the Principal or his/her designee shall report it to the Director of School Health Services, whose duty shall be to provide relief for such student.

No examinations for health certificates shall be required when a student and his/her parent/guardian object on the grounds that the examination conflicts with their "genuine and sincere religious beliefs".

Participation in Interscholastic Athletics

Health appraisals of students before participation in interscholastic athletics are performed for two reasons:

1. To provide for the health and well-being of the athlete. Knowledge of the athlete's physical status, functional ability, growth, and maturation is necessary to make a medical decision as to the level of participation in athletics.
2. To identify significant health problems which may preclude safe and effective athletic participation.

The school physician has the final authority to determine the physical capability of a student to participate in a sport.

1. It is recommended, but not required, that the examination be performed by the school physician or nurse practitioner employed by the District. If the physical examination is performed by a community health care provider, the school physician must still authorize the student to participate in a sport.
2. It is recommended that the school physician consult with private physicians in all cases in question.

3. The final decision reached by the school physician must be based on two factors:
 - a. safeguarding the health of the individual student; and
 - b. assurance that the school is not exposing the student to an undue risk.
4. The examination and approval of the school physician shall indicate the category of activities in which the student may participate.
5. Medical examinations may be scheduled at any time during the school year. The results of the examination for interscholastic athletics shall be valid for qualifying a student's participation for a period of twelve (12) continuous months, through the last day of the month in which the exam was conducted and through the entire sports season, even if the examination's expiration is before the season is complete.
6. Prior to participation in each athletic sports season, all students should be provided an interval athletic health history form to be completed and signed by the parent/guardian, unless a physical examination has been completed within the last thirty (30) days.
7. In accordance with the Concussion Management and Awareness Act, the law requires that students who sustained, or are suspected to have sustained, a concussion during athletic activities are to be immediately removed from such activities. Students may not return to athletic activities until they have been symptom-free for a minimum of twenty-four (24) hours and have been evaluated by a licensed physician and receive written and signed authorization to return to activities, and receive approval from the medical director.

Immunization of Students

Under law, all students entering the South Colonie Central School District are to present a written record of immunization against all diseases as currently required by New York State law. Evidence of immunization against the above mentioned communicable diseases shall be a physician's statement certifying that immunization has been completed. In addition, the immunization record shall contain the month, day, and year of each immunization.

Exemptions: A student shall be exempted from the above requirements upon:

1. Presentation of a certificate from a physician, licensed to practice medicine in the State of New York, indicating that one or more of the required immunizations is detrimental to the child's health. The certificate must specify those immunizations that are detrimental to the child's health.
2. Presentation of a written and signed statement from the student's parent/guardian indicating that the parent/guardian objects to their child's immunization due to "sincere and genuine religious beliefs" which prohibit the immunization of the student. The Principal may require supporting documentation from the parents/guardians regarding their religious beliefs.

Should there be a lack of compliance with immunizations and the student is not exempted from immunization, the Superintendent shall exclude the student until such time as the immunizations are commenced and/or completed.

Administration of Medication to Students

The school district may, in the context of the educational setting, be faced with situations requiring administration of medication to a student. Some children, particularly those with chronic disabilities and/or illnesses, may require prescribed medication to be able to function in the school setting. Appropriate school personnel may be asked to administer medication which will allow the student to maintain an optimal state of health, remain in school and participate more fully in his or her educational program. Every effort should be made to administer medications outside of the school setting. However, this is not always realistic or desirable.

Should medications be administered to students in the school setting, implemented guidelines are required to conform with statutory regulations and good health practices. This policy addresses the administration of medication in the school setting and is designed to protect the student, school population, person responsible for the administration of the medication, and the school district.

Best practice dictates that all medication delivery systems be established and maintained by a registered professional nurse (RN). Only health care practitioners licensed or certified in New York State (physicians, dentists, nurse practitioners, physician assistants, registered professional nurses, mid-wives, licensed practical nurses) may administer medication under Title Eight of the Education Law. However, situations and circumstances may occur in the school setting when a registered professional nurse may not be available to administer medications. Therefore, it is important that all District personnel understand the limitations of medication administration.

Under the Education Law, nurse practitioners are authorized to prescribe medication in collaboration with a physician pursuant to a practice agreement and protocols. School nurses may administer medications prescribed by a nurse practitioner and other licensed prescribers, including physician assistants.

Students with asthma may carry and use a prescribed inhaler during the school day with the written permission of a duly authorized health care provider and parental consent based on Section 916 of the Education Law. In addition, the prescriptive use of single dose epinephrine auto-injector devices has become an accepted and extremely beneficial practice in protecting individuals subject to serious allergic reactions. The use of an epinephrine auto-injector in schools has also become a common method of protecting children against severe reactions that they may encounter during school hours.

The administration of epinephrine by auto-injector, prescribed by a licensed prescriber, to a student with a diagnosis of severe allergy needing an anaphylactic treatment agent may be performed by a school staff member responding to an emergency situation. Such a response is permitted under the Education Law §6909 and is covered by the “Good Samaritan Law” (Public Health Law §3000-a).

For the purposes of this policy, the following definitions apply:

- Controlled Substances: Certain drugs with abuse potential that are regulated by the State and Federal Government in a manner more restrictive than other drugs. A complete list of controlled substances in New York is set forth at New York State Public Health Law §3306.
- Double-Lock: A system of two separate locks to secure medications, especially controlled substances (i.e. a locked box within a locked cabinet).
- Licensed Practical Nurse: An individual licensed pursuant to Article 139 of the Education Law performing tasks and responsibilities within the frame work of case finding, health teaching, health counseling and the provisions of supportive and restorative care under the direction of a registered professional nurse or licensed physician, dentist or other licensed health care provider.
- Licensed Prescriber: Health care professionals who have authority to prescribe medications in their practice, including physicians, dentists, podiatrists, nurse practitioners, physician assistants or specialist assistants, optometrists and midwives.
- Nonprescription Drugs: Medications which may be obtained without a prescription. These medications are sometimes referred to as over-the-counter (OTC) drugs and include, but are not limited to, oral inhalation and topical forms.
- Prescription Drugs: Drugs requiring a written order for dispensing signed by a licensed prescriber.
- PRN: Pro re nata; as needed or as the situation arises.
- Route of Administration: Route through the body whereby a medication is administered, including oral, subcutaneous, intramuscular, intravenous, or inhalant.
- Nurse-Dependent Students: Students who cannot self-administer their own medication and cannot be considered in need of supervision according to the criteria for Supervised Students, are therefore dependent on another person administering the medication to them. Such nurse-dependent students must have their medication administered to them by an appropriate licensed health professional.
- School Nursing Personnel: Registered professional nurses licensed pursuant to Education Law, Article 139, including school nurses, school nurse-teachers, school nurse practitioners, or other specialty nurse practitioners employed by the school district pursuant to Education Law §902.
- Under the Direction: Means that a registered nurse should be present on the premises or will immediately respond by written and/or verbal communication when professional services are rendered by a licensed practical nurse. The degree of supervision shall be appropriate to the circumstances. This term implies an active process of directing, guiding

and influencing the outcome of an individual's performance of an activity. "Under the Direction" is generally categorized as on-site (the nurse is physically present or immediately available while the activity is being performed) or off-site (the nurse has the ability to provide direction through written and/or verbal communications). The degree of direction is appropriate to the circumstance.

Procedures

A. Establishing a Sound Medication Delivery System

The school district school nurses, with support from the administration, shall communicate to parents, students and staff the requirements for the administration of medications in school. Publications detailing the administration of medication in school include:

- Electronic communication sources
- student-parent handbook
- school publications/calendars
- local newspapers
- inserts with report cards
- mailings to physicians and/or local medical societies
- individual parent/student counseling

Only those medications which are necessary to maintain the student in school and which must be given during school hours shall be administered. Any student who is required to take medication during the regular school day or while participating in school-sponsored activities (e.g. field trips, athletics) should comply with all procedures.

Any prescribed medication which requires administration through a subcutaneous, intramuscular, intravenous or rectal route; or prescribed medications being administered through pumps, tubes or nebulizers; or oral, topical or inhalant medication needed by non-self-directed students must be given by school nursing personnel or licensed practical nurses under the direction of school nursing personnel, except in an emergency situation. Administration of such prescribed medication may not be performed by school staff, except in an emergency situation.

Nurse-Dependent Students: Formerly known as non-self-directed, are students who cannot self-administer their own medication and cannot be considered in need of supervision according to the criteria for Supervised Students, are therefore dependent on another person administering the medication to them. Such nurse-dependent students must have their medication administered to them by an appropriate licensed health professional.

Supervised Students: Formerly known as self-directed, are students who have been determined to need supervision either by the school nurse or the student's medical provider, may be assisted by trained unlicensed personnel to self-administer their own medication. The assistance from unlicensed personnel is limited to assistance with tasks only at the direction of the student. Designation of a student as a supervised student should be based

on the student's cognitive and/or emotional development rather than age or grade, the particular diagnosis, and they type or medication prescribed.

Independent Students: Students who can self-administer their own medications without any assistance are considered independent students. Generally such students' medications are kept in the health office for the student to obtain and administer to themselves. This is due to the school's need to ensure the safety of students and to account for and document when the student takes their medication. In some situations, independent students must be permitted to carry their medication with them because the medicine needs rapid administration. The provider order must attest that the provider has determined the student is able to self-administer their own medication effectively.

B. Provider Orders

All medications administered at school by licensed school health professionals or taken by a student at school who is able to self-administer his/her own medication must have a licensed medical provider order. This is necessary for both prescription and non-prescription medications, with the exception of sunscreen and alcohol-based hand sanitizers. The provider writing the order must be duly licensed to practice in New York State. Orders must be renewed annually.

A provider order is valid for 12 months unless the provider changes the order, writes the order for a shorter period of time, or discontinues the order. If a school has concerns or questions regarding a provider's order, the school's medical director or school nurse should call the provider to resolve concerns and/or clarify the order.

1. A provider order must include the following information:
 - a. Date order is written.
 - b. Student name and date of birth.
 - c. Medication name.
 - d. Medication dosage.
 - e. Medication route.
 - f. Time and frequency the medication is to be administered.
 - g. The conditions under which the medication is to be administered.
 - h. Attestation that the student has demonstrated they can self-administer the medication effectively, and the medication is needed in a rapid manner requiring the student to carry it with them at all times, if applicable.
 - i. The provider's name, title, and signature. A signature may be handwritten or electronic. Electronic signatures must be the authorized prescriber's electronic signature. Office staff personnel's electronic signatures stating they are signing electronically for the authorized prescriber (also known as the provider) are not acceptable. Schools uncertain about the validity of a signature should contact the provider for verification.
 - j. Provider's telephone number and address.
 - k. Diagnosis and ICD code if applicable.

Please Note: A pharmacy label is not an order and cannot be used in place of a written provider order. The pharmacy label should have the same information that is on the order unless there has been a recent dose change.

Changes in medication dosages must be ordered by the provider. A parent/guardian cannot direct licensed health professionals to administer medications to their child that are not consistent with the provider's order. Provider orders instructing schools to check with a parent/guardian for a dosage, when to give a medication, etc., are not acceptable orders. Per Education Law Article 139 § 6902, licensed nurses may only administer medications consistent with orders from a duly licensed provider.

Licensed health professionals administering medications must also know the medication action and side effects prior to administering, and are responsible for clarifying orders they do not understand or are uncertain about prior to following the order. Licensed health professionals should contact the provider for questions regarding the order. Parent/guardian consent to speak with the private provider is not required for the purpose of clarifying orders per the Health Insurance and Accountability and Portability Act (HIPAA).

The HIPAA Privacy Rule allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student's parent. For example, a student's primary care physician may discuss the student's medication and other health care needs with a school nurse who will administer the student's medication and provide care to the student while the student is at school.

2. Special Considerations:

- a. A new medication order is required at the beginning of each new school year. Medication orders will be valid for the school year and Summer School.
- b. The pharmacy label does not constitute a written order and cannot be used in lieu of a written order from a licensed prescriber.
- c. When properly labeled medication comes to the health office accompanied by a written request from the parent for administration of the medication, but without a written order from a licensed prescriber, the following procedure is followed:
 - Contact parent or person in parental relation regarding need for written order from a licensed prescriber.
 - Contact licensed prescriber to obtain verbal permission to administer medication.
 - Request fax or written orders to be received within 48 hours.
 - Contact parent or person in parental relation and discontinue medication if written orders are not received within 48 hours.
 - Document above steps.

C. Parental Responsibility

1. A written statement from the parent/guardian requesting administration of the medication in school as ordered by the licensed prescriber is required.
2. The parent or guardian must assume responsibility to have the medication delivered directly to the health office in a properly labeled original container.
 - a. Prescription medications. The pharmacy label must display:
 - Student name.
 - Name and phone number of pharmacy.
 - Licensed prescriber's name.
 - Date and number of refills.
 - Name of medication/dosage.
 - Frequency of administration.
 - Route of administration and/or other directions.
 - b. OTC medications must be in the original manufacturer's container/package with the student's name affixed to the container. This rule also applies to drug samples.
 - c. For certain medications, especially controlled substances, standards of best practice include counting the medication upon receipt and periodically thereafter. Discrepancies are reported to the parent and the school administrator immediately.
 - d. Medications shall not be transported daily to and from school. It is the parents' responsibility to ask the pharmacist for two (2) containers; one to remain at home and one at school.
 - e. Instructions are left for substitute nurses that are clear and concise on the handling of all aspects of medication acceptance, handling, delivery and storage.

D. Medication Administration

1. All medications should be given as close to the prescribed time as possible. Given student schedules and compliance with coming to the health office in a timely fashion, medications accepted for school administration generally may be given up to one hour before and no later than one hour after the prescribed time. However, it is the parents' responsibility to inform school personnel in writing if there is a time-specific concern regarding administration of the medication.
2. If a student fails to come for a dose, the administration will attempt to locate that student. If the medication has not been given for any reason within the prescribed time frame, the school will notify parents that day.
3. If a student chronically fails to come for medications, the school nurse will contact the parents to address the problem.

4. On-going communication and collaboration between the school and parents is essential to assist students in assuming personal responsibility for their health behaviors.
5. A medication may be changed or discontinued by a written order of the licensed prescriber at any time. Medication administration will not be changed without the prescriber's order to do the same.
6. When the dose of a medication is changed by a licensed prescriber's written order and parent request, and the old pharmacy bottle label has not been corrected, the nurse will label the bottle with the correct dose until the new pharmacy label prescription bottle is received.

E. Storage of Medication

No medication will be brought into school without knowledge of the health office. All medications, except as otherwise arranged, should be properly stored and secured within a health office cabinet, drawer or refrigerator designated for medications only. The site includes a lock for the cabinet, drawer and refrigerator, as well as a lock to the outside health office door. Controlled substances are always secured and never left open or accessible to the public at any time. All medications should be stored in a health office.

F. Emergency Medication

The requirements allowing registered professional nurses to administer agents used in the emergency treatment of anaphylaxis include:

1. Following non-patient specific standing orders and protocols authorized by a physician or a nurse practitioner.
2. Maintaining or ensuring the maintenance of a copy of the standing order(s) and protocol(s) that authorizes them to administer anaphylactic treatment agents.

G. Carry and Self-Administer Medication

If school nursing personnel receive a request from a parent and licensed prescriber to permit a student to carry and self-administer her/his own prescribed medication, such decisions should be made on an individual basis and in accordance with the following criteria:

1. Severity of health care problems, particularly asthmatic or allergic conditions.
2. Licensed prescriber's order directing that the student be allowed to carry her/his medication and self-administer.
3. Parent written statement requesting compliance with licensed prescriber's order.

4. Student has been instructed in the procedure of self-administration and can assume responsibility for carrying properly labeled medication in original container on her/his person or keeping in school or physical education locker.
5. School nursing assessment that student is self-directed to carry and self-administer his/her medication properly.
6. Parent contact made to clarify parental responsibility regarding the monitoring of the student on an on-going, daily basis to ensure that the student is carrying and taking the medication as ordered. This contact should be documented.

Any student self-administering medication without proper authorization should be counseled by the school nursing personnel. In addition, there shall be parental notification.

Responsibilities of School Nursing Personnel

A. General

1. To ensure proper and appropriate techniques for the administration of medication in schools.
2. To maintain adequate and secure storage of all medications.
3. To document or assure documentation by other licensed or unlicensed persons for each dose of medication given or taken on a daily log and periodically summarize in each student's cumulative health record.
4. To perform intermittent evaluation of the practices and procedures related to the administration of medications and modify as needed.

B. Specific for Each Student

1. Observe and evaluate the student's health status and response to medication, informing parents, guardians or prescriber as deemed necessary.
2. Educate the student regarding the importance of medication and encourage the student to come to the health office on time when receiving or taking medications.
3. Involve school staff only as needed to ensure student safety and only where disclosure of health information is permitted by law.

C. Procedures for Medication Errors

Medication errors should be addressed immediately. School nursing personnel should assess the student and, if appropriate:

1. Notify the supervisor, school administrator and/or school physician.
2. Notify the licensed prescriber.
3. Notify the parent/guardian and secure the student's safety.
4. Complete a written report of the medication error detailing student's name, parent/guardian name and phone number, specific statement of the medication error, people notified, and remedial action.

School nursing personnel should prepare a Medication Incident Report form (5420-E3) in the event of a medication error.

D. Disposal of Medications

If a medication regimen is changed or discontinued, or there is medication left at the end of the school year, the medication must be returned to the parent/guardian or properly disposed of. Parents/guardians should be notified of options such as:

1. Disposal of medication as outlined per NYS Department of Environmental Conservation recommendations. Currently the DEC recommends that schools dispose of medications in the trash. The medications should be placed in a container and mixed with water, salt, coffee grounds, cat litter, or ashes to enhance the destruction of the medication. The container should be sealed with tape. Care should be taken to ensure students do not have access to the trash. Best practice is for a second nurse or building administrator to witness the medication disposal, and consign the note in the student's CHR regarding the medication disposal.
2. Parent/guardian or responsible designee picking up medication from health office.

E. Disposal of Needles and Syringes

Needles and syringes are disposed in a manner consistent with the following guidelines:

1. Needles are not recapped and not bent or broken.
2. Disposable syringes and needles (and other sharp items) are placed in approved Sharps containers and labeled "BIOHAZARD."
3. Arrangements are made with custodial staff or an appropriate agency to dispose of containers at periodic intervals.

F. Emergency Building Evacuation and Medications

In the event of an emergency building evacuation, each school nurse has an accessible, easily carried, and recognizable emergency pack that includes supplies for basic first aid,

including supplies for infection control, a stock epinephrine auto-injector with non-patient specific orders and a glucose source, such as glucose gel or honey sticks. Also, included within the emergency pack is a list of all students with significant medical conditions and medical orders of prescription medication, including emergency contact numbers.

G. Record Keeping

The following procedure for record keeping is followed:

1. Retain the written order from the prescriber.
2. Retain the parent request letter.
3. Retain pertinent information about medication on cumulative health record.
4. Maintain an individual daily medication record for each student taking medication during time frame medication is being given.
5. Periodically summarize daily medication record on cumulative health record.

Cross-Reference: 5150, School Admissions
5191, Students with HIV-Related Illness
5422, Management and Treatment of Anaphylaxis

Reference: Education Law §§ 901, 902-906, 916
Education Law Article 139 § 6902
Public Health Law §§ 2164, 3000-a, 3306
8 NYCRR Part 136
10 NYCRR. § 66-1.3
Memorandum from NYSED regarding the Use of Epinephrine Auto-Injector
Devices in the School Setting (June, 2002)

Revised: December 20, 2016; November 15, 2005
February, 2003; January 21, 2003

**PARENT AND PRESCRIBER'S AUTHORIZATION FOR
ADMINISTRATION OF MEDICATION IN SCHOOL**

A. To Be Completed by Parent or Guardian

I request that my child _____ (Grade_____) receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled container from the pharmacy. I understand that the school nurse will administer the medication or an adult will supervise my child taking his/her own medication.

Signature (Parent or Guardian): _____

Address: _____

Telephone: Home _____ Work _____ Date _____

B. To Be Completed by Licensed Health Care Prescriber:

I request that my patient, as listed below, receive the following medication:

Name of Student: _____ Date of Birth: _____

Diagnosis: _____

Name of Medication: _____

Prescribed Dosage, Frequency and Route of Administration: _____

Time to be Taken During School Hours: _____

Duration of Treatment: _____

Possible Side Effects and Adverse Reactions (if any): _____

Other Recommendations: _____

Name/Title of Licensed Prescriber (*please print*): _____

Prescriber's Signature: _____ Date: _____

Address: _____ Phone: _____

MEDICATION INCIDENT REPORT FORM

Date of Report: _____ Student's Name: _____

Student's Phone #: _____ Grade: _____ Gender: M F

Student's Home Address _____

Date Error Occurred: _____ Time Noted: _____ AM PM
Month/Day/Year

Name of Licensed Prescriber: _____

Medication: _____ Dose: _____ Route: _____ Time: _____ AM PM

Describe the error and how it occurred. *(Use reverse side if necessary)* _____

ACTION TAKEN:

Licensed Prescriber Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified (MM/DD/YYYY):	Time Notified:
Parent/Guardian Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified (MM/DD/YYYY):	Time Notified:
Other Persons Notified:		

Describe the outcome: _____

Name: _____ Title: _____

Signature: _____ Date: _____

SELF-MEDICATION RELEASE FORM

Student Name: _____ Grade: _____ Date: _____

- This child has been instructed in the proper use of the following medication(s):

and is permitted to carry the medication(s) on his/her person or keep same in his/her locker or P.E. locker (with exception of any controlled substance). This includes school trips and sports events. During those activities it is recommended that the medication be held by the chaperone/coach until it is needed. He/she has been instructed in and understands the purpose and appropriate method and frequency of use. This would be mainly for inhalers and Epinephrine auto-injector. During the school day, it is still recommended that medications be kept locked in the health office.

- This child is **not** deemed self-directed and **cannot** carry or self-administer his/her medication at any time.
- This child is considered self-directed for the purposes of **school trips or sports events only**. During said activity it will be recommended that the medication be held by chaperone/coach until it is needed.
- The parent's designee _____, who is not an employee of the South Colonie Central School District, has been instructed and may administer _____ medication to _____ if the need arises on the field trip scheduled for _____.

* Any student found sharing his/her medication with any other person will have self-directed permission rescinded immediately.

Prescriber's Signature: _____ Date: _____

Printed Prescriber's Name or Stamp: _____

Parent's Signature: _____ Date: _____