

Cornwall Central School District

Student Health Services

(845) 534-8009

CCHS – Ext. 5010
FAX: 565-4743

CCMS – Ext. 4010
FAX: 534-8309

WAES – Ext. 3010
FAX: 534-3474

CES – Ext. 2010
FAX: 458-7953

COHES – Ext. 1010
FAX: 534-2284

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

To Be completed By Health Care Provider

Student Name: _____ DOB: _____

Medication: _____

Dose: _____ Route: _____ Time(s): _____

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 above, safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency.

Stamp

Name/Title of Prescriber (please print)

Date

Prescriber's Signature

Phone

Email

To Be Completed By Parent

Student Name: _____ DOB: _____

Grade: _____ Teacher/HR: _____ School: _____

Parent/Guardian Permission for Independent Use and Carry

I agree that my child can use their medication effectively and may use and carry this medication independently at any school/school sponsored activity with no supervision by school staff.

Parent/Guardian Signature

Date