



Oswego County
P-TECH

OSWEGO COUNTY P-TECH

179 County Route 64

Mexico, NY 13114

P: 315.963.4248

PTECH@CITiboces.org

**PARENT/ GUARDIAN AND PHYSICIAN PERMISSION FOR MEDICATION OR TREATMENTS
DURING SCHOOL DAY**

NOTE: All Medication and treatments require newly written medical orders every new school year

Student Name: _____ Date of Birth: _____

Program/ Class: _____ AM ___ PM ___ School Year: _____

A. PARENT /GUARDIAN:

I request that this student receive medication and or medical treatments during the school day hours as documented by this medical doctor/ NP/ PA. I will comply with providing the medication or medical supplies as written by the current prescription. I will provide a pharmacy labeled container for the medication with the label information correctly matching the original prescription.

I understand Skilled Nursing Services and Health Assessments are in accordance with the medical diagnosis and are approved Skilled Nursing Procedures provided by a Registered Nurse in the school.

PARENT SIGNATURE: _____ DATE: _____

PHONE:home _____ cell _____ Work _____

B. PHYSICIAN/Licensed Medical Provider:

I direct this medication or medical procedure be administered by the Registered Nurse during the school day: Medication name, dosage, route, frequency, time of day needed in school:

Side effects or adverse reactions to monitor: _____

ICD 9 Diagnosis Code: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

Print Name: _____ Phone: _____



Please return to Oswego County PTECH – Attn: Dan Lupa

dlupa@citiboces.org or ptech@citiboces.org

School Nurse Office 963-4223

Mrs. Marmon, RN. School Nurse