

Medication Form

Dear Parent/Guardian:

Due to New York State Education Department regulations, the following medications will only be administered with your doctor's approval. Please have your doctor check the appropriate medications he would like us to administer to your child. Only one form may be used per child. **If you have more than one child attending school in our district, you must have a form for each child.**

Students Name _____ Grade _____ DOB _____

- _____ Tylenol/Jr.Tylenol
- _____ Ibuprofen (2nd grade & up)
- _____ Antibiotic ointment
- _____ Anbusol/Orajel
- _____ Cough Drops (3rd grade & up)
- _____ Peroxide
- _____ Calamine
- _____ Benadryl (for moderate to severe swelling caused by insect bites/bee stings)

Other medication required in school (eg. inhaler, epi-pen etc.)

Prescribed dosage, frequency, route and time of administration

If you have any questions, please contact the Middle/High School Health Office at 279-4600 ext. 629, or the Elementary School Health Office at 279-4600 ext. 619. Forms may be faxed to 279-3888 for Middle and High School.

Date _____ Parent/Guardian Signature _____

Date _____ Physician's Signature _____