

SCHROON LAKE CENTRAL SCHOOL DISTRICT

HEALTH OFFICE MEDICATION REQUIREMENTS

If your child needs to take medication during school hours, the medication form must be signed by the physician and parent. This includes **all** medications, prescription AND over the counter. New medication permission forms are required at the beginning of **each** school year.

New York State Law requires that:

- Parents or guardians must personally deliver all medications to the nurse's office (unless a self-carry/self-administer for is signed by the parent and physician). An adult must bring in all controlled medications.
- All medication must remain in properly labeled pharmacy or original over the counter (OTC) containers.
- A new prescription/ medication form signed by the medical provider is required at the beginning of EVERY school year.
- The parent or guardian must also sign the medication permission form.

You must ask your pharmacist to give you a second identically labeled container for any prescription medications your student will take at school. We request that you bring small containers of any OTC medications your child has permission to take. This will allow the School Nurse to send these medications on field trips and comply with New York State laws pertaining to medication storage.

Medication forms may be obtained from the Nurse's Office or printed from the school website. Your physician may use his/her own form if desired.

All medication must be picked up by an adult before the last day of school in June.

Please call the Health Office at 532-7164, ext. 3, should you have further questions.

Thank you for your anticipated cooperation.

Mrs. Kelly, RN, School Nurse

Prescription and Non-Prescription Medicine in School

A. To be completed by the parent or guardian:

I request that my child _____ DOB _____ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container, and be delivered to the school by myself or a designated representative of mine. It must be picked up at the end of the school year. A new medication order is needed every school year.

Signature (Parent or Guardian): _____

Telephone: Home _____ Work _____ Date _____

B. To be completed by physician:

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

Name of Student: _____

Diagnosis: _____

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISTRATION

PRESCRIBER: When ordering EpiPens, please order the **Dual Pack** in the likely event a second dose is needed before rescue squad arrives.

Duration of Treatment:

Possible Side Effects and Adverse Reactions (if any):

Student may self-administer: YES or NO Student may self-carry: YES or NO

Physician's Signature _____ Date: _____

Address: _____ Phone: _____

- **Any student requiring an EpiPen MUST** have it delivered to the Health Office by the first day of school. This is a lifesaving medication and must be on hand in case of an anaphylactic reaction.

Over the counter medications available at SLCS include: Acetaminophen, Ibuprofen, cough drops, Calamine lotion, Benadryl, Turns, and antibiotic ointment. **Please circle any choices.**