

EDGEMONT JUNIOR-SENIOR HIGH SCHOOL
200 WHITE OAK LANE
SCARSDALE, NEW YORK 10583

HEALTH OFFICE

(914)725-1500, ext.1576

Fax (914)725-4032

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Dear Parents/Guardians:

In order to comply with New York State Education Law, the following steps must be taken if your child requires either prescription or over the counter medication during the school day or on a school trip:

1. The school nurse must have on file a written and signed request from **both** the physician and the parent. The attached form has been provided for your convenience.
2. The medication must be **delivered** to the school nurse **by the parent. or parent representative.** (Advil, Tylenol, and Benadryl tablets are the only medications stocked in school. Any other medications, including liquid and chewable, must be provided by you.)
3. The medication must be in the **original container**, as it is received from the pharmacist or over-the-counter: **with the child's name, the name of the medication, and a description of the dosage.** Please get a second labeled prescription bottle from your pharmacist and deliver only what will be required during school hours.
4. All medication must be kept in the school nurse's office.
5. Inhalers and Epipens are the only medications that students may carry, and only if the school nurse has on file a physician's order and a self administration waiver. This form is available upon request and on the healthoffice website.
6. All medications must be picked up by a parent or parent representative. We are not able to allow your students to carry their own medications.

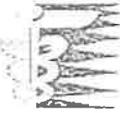
Please do not hesitate to contact Ms.Kathy Burbage R.N. or Ms. Karen Lacerra R.N. our school nurses, for further information and forms.

Sincerely,

Kyle Hozier
Principal

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MEDICATION AUTHORIZATION FORM

Individualized Orders for: _____ D.O.B. _____ Grade _____

Allergies: _____

1. Standard Over-the-Counter/PRN Medications: The following medications are the *only* ones available in health office. For any other medications, see below. These medications will be administered at the discretion of the R.N. per label instruction by age and weight, or as specified by M.D., ***only if signed approval is indicated by BOTH the student's physician AND parent.***

Drug Name	Route	<u>DOSAGE</u>	Schedule & Indications	Comments
Tylenol tablets (acetaminophen)	po	325 mg. 650 mg.	Q4 hr. as needed for pain or fever	
Advil tablets (ibuprofen)	po	200 mg. 400 mg.	Q6 hr. as needed for pain or fever	
Benadryl capsules (diphenhydramine hydrochloride)	po	25 mg. 50 mg.	Q4 hr. as needed for allergic reaction, hives	
TUMS	po	500mg 1 Gm.	PRN as needed for indigestion/upset stomach	

2. PRESCRIPTION and any other Over-the-Counter Medications: PHYSICIAN, please complete with patient's current regimen for both scheduled and PRN medications.

**All prescription medications must be provided directly to the nurse by a responsible adult in the original container with your student's name on it.*

Drug Name	Route	<u>DOSAGE</u>	Schedule & Indications	Comments

Physician Signature: _____ Date: _____

License #: _____ Phone #: _____

*** I authorize the school RN (and on trips, the EMT/ authorized chaperone) to dispense the medication prescribed by the above physician;*

**Parent signature: _____ Date: _____