

Central Islip Union Free School District

Medication Delivery Information for Parents

Dear Parent or Guardian,

Date: _____

Health care provider and parent permission is needed for both prescription and over the counter (OTC) medications used at school or school-sponsored activities. Please bring medications in their original labeled prescription or over the counter bottles/packaging,

Medication forms are available on our web site or may be obtained from the School Health Office during the school year.

Self-Carry and Use of Medications

If your child's healthcare provider decides your child can carry and use their diabetes, asthma, or epinephrine auto-injector medication independently they must put in writing (attest) that your child can do so safely. Your permission is also required. The Attestation Form is available on our web site.

Asthma Medicines

If your child uses a nebulizer, please ask your healthcare provider about ordering metered-dose inhaler (MDI) and a valved-holding chamber (spacer) which helps all the asthma medicine get into the lungs for use at school. For many people MDI's and valved-holding chambers work as well as nebulizers and are portable for use wherever a student needs them. For children under age 5 years, a mask can be attached to help the child use the spacer or chamber correctly. Collapsible models are available and may be easier to fit and carry in a handbag or backpack.

Emergency Care Plans and Asthma Action Plans (ECP's)

Emergency Care Plans help school staff safely care for your children. If your health care provider writes medication orders for life-threatening allergies, asthma, and seizure disorders on the ECP a separate medication form is not needed.

Medication Drop Off

An adult should bring the medications to school unless your student has a health care provider attestation to carry and use their medication independently. If you need to make special arrangements to drop off medication, please call the school health office.

Thank you in advance for your cooperation.

School Nurse: _____ School: _____

Phone #: _____ Fax: _____ Email: _____