

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

ADMINISTRATION OF MEDICATIONS IN SCHOOL

New York State Law requires that medications can be given during school hours only if the school nurse receives **an original note from your doctor, including his original signature** (faxes, stamped signatures, nurse's signatures or secretary's signatures cannot be accepted) stating:

1. Name of medication;
2. Time and dosage medication to be given;
3. A request that it be dispensed in school, and a note from the parent giving the school nurse permission to dispense the medication;
4. The medication is in its original sealed container.

MEDICATION TO BE TAKEN IN SCHOOL must be taken to the nurse's office by the parent/guardian. **PLEASE** do not have medication in school for a child to take on his/her own. We have many children who are allergic to various drugs. If any of these drugs should unknowingly fall into their hands, the results could be **FATAL**.

To the Physician:

Date: _____

Please complete the following:

1. Child's Name _____
2. Name of Medication _____
3. Times to be given _____
4. Dosage to be given _____
5. Duration of time child is to receive medication _____

Physician's Signature _____

We cannot accept a stamped signature, a signature of a nurse or secretary a photocopy or a fax.

Office Stamp _____

To the Parent:

Please sign the following:

I hereby give my permission for the School Nurse to administer the medication as prescribed by my doctor for my child. All medication(s) must be taken to the nurse's office by the parent/guardian.

Parent's Signature