

Seneca Falls Central School District

Dear Parent/Guardian/Physician:

State law does not allow us to administer medications to your child, both prescribed and/or over the counter (OTC) without the written consent of both you and your personal physician. If you would like for us to be able to administer the OTC medications listed below, it is necessary that we obtain BOTH yours and your child's physicians signature. This can be returned with the student, mailed, or faxed. IF THERE ARE PREPARATIONS LISTED BELOW THAT YOU OR YOUR CHILD'S PHYSICIAN DO NOT WISH FOR US TO USE, PLEASE CROSS IT OUT AND INITIAL IT BELOW. If you require a form for prescription medications or have any questions pertaining to this, please call anytime at (315) 712-0511. Fax # (315) 712-0588.

Sara Urquhart, RN School Nurse

DURATION OF ORDER: 2024-2025 SCHOOL YEAR

STUDENT NAME: _____

ALLERGIES: _____

AGENT	INDICATION	DOSAGE
Ibuprofen (Motrin, Advil)	Headache, backache, toothache, menstrual cramps, muscle ache, and/or fever due to cold/flu	200 mg. 1-2 every 4-6 hours as needed
Acetaminophen	Headache, backache, toothache, menstrual cramps, muscle ache, and/or fever due to cold/flu	325 mg. 1-2 every 4-6 hours as needed
Diphenhydramine (Benadryl)	Runny nose, sneezing, itchy watery eyes associated with cold and/or allergies	25 mg. 1-2 every 4-6 hours as needed
Tums	Acid, heartburn, sour stomach, indigestion	1-2 tablets, may repeat in one hour
Sunscreen SPF 30	Applied 15 minutes before sun exposure	Hourly as needed

PLEASE NOTE THAT WE DO HAVE STOCK SUPPLY OF THE ABOVE MEDICATIONS. YOU DO NOT NEED TO SEND IN A SUPPLY FOR YOUR CHILD. PLEASE BE AWARE THAT STATE AND SCHOOL POLICIES DO NOT ALLOW STUDENTS TO CARRY ANY MEDICATION IN THEIR OWN POSSESSION.

I hereby request that _____ be allowed the above medications (OTC) prescribed by

Printed name of Physician

Signature of Physician

Date

Parent/Guardian Signature