Stephen Restivo
Director of Physical
Education, Health & Athletics
srestivo@eischools.org

EAST ISLIP
UNION FREE
SCHOOL DISTRICT

East Islip School Dist.
1 Craig B. Gariepy Ave.
Islip Terrace, NY 11752
Phone (631) 224-2138
Fax (631) 581-8204

TO: THE PARENT/GUARDIAN OF _____

RE: ADMINISTRATION OF MEDICATIONS IN SCHOOL

NEW YORK STATE LAW REQUIRES THAT MEDICATIONS CAN BE GIVEN DURING SCHOOL HOURS ONLY IF THE NURSE RECEIVES A NOTE FROM A DOCTOR STATING:

1. NAME OF MEDICATION
2. TIME 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 IT.
4. MEDICATION IS TO BE IN PROPERLY LABELED CONTAINER & DATED FROM PHARMACY.

PLEASE NOTE: YOUR CHILD MAY NOT HAVE ANY MEDICATION IN SCHOOL IN THEIR POSSESSION. STUDENTS MAY NOT TRANSPORT ANY MEDICATION. 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:
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 _____ DATE _____

PRINT PHYICIAN'S NAME _____

TO THE PARENT:
PLEASE SIGN THE FOLLOWING:

I HEREBY GIVE PERMISSION FOR THE SCHOOL NURSE TO ADMINISTER THE MEDICATION AS PRESCRIBED BY MY DOCTOR FOR MY CHILD _____

PARENT'S SIGNATURE _____ DATE _____

RECEIVED IN HEALTH OFFICE _____
(DATE)

_____
SIGNATURE OF NURSE