

Williamson Central School

williamsoncentral.org
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E. Bridget Ashton
Superintendent of Schools

June 2024

Dear Parents/Guardians,

According to New York State Law, a physician's written order and parent/guardian written permission is required for not only prescription medications but over-the-counter medications and preparations as well.

Please review the list of preparations and cross off any items you do not want supplied to your child. Return completed and signed form to the school health office.

For prescription medications that may be needed in school (i.e., inhalers, epi-pens, ADHD meds, etc), an additional form is required. This form must be signed by the parent/guardian and by the doctor who wrote the prescription for medication. **The medication must be in the properly labeled original container from the pharmacy.** Parents/Guardians must assume responsibility to have the medication delivered directly to the health office.

Sincerely,

Bethany R. Moore RN, BSN High School Nurse Nurse Coordinator 315-589-9625 bmoore@williamsoncentral.org 315-410-5470 (fax)	Lynn Wersinger, LPN Middle School LPN 315-589-9665, ext. 3521 lwersinger@williamsoncentral.org 315-410-5586 (fax)	Hayley Musclow, RN Elementary School Nurse 315-589-9668 option 3 hmusclow@williamsoncentral.org 315-410-5343 (fax)
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WILLIAMSON CENTRAL SCHOOL DISTRICT
OVER THE COUNTER MEDICATIONS and PREPARATIONS ORDER FORM

2024-2025 School Year

Please cross out any of the medications or preparations you do not want you child to receive

Medication	Dose	Frequency
Acetaminophen 15 mg/kg/dose (max 325 mg per dose)	325 mg	PO q4-6h PRN pain or temp \geq 100.4 F
Ibuprofen 10 mg/kg/dose (max of 400 mg per dose)	200-400 mg	PO q6-8h PRN pain or temp \geq 100.4 F
Diphenhydramine 1.25 mg/kg/dose (max of 25 mg per dose)	12.5-25 mg	PO q6h PRN allergies or allergic reaction
Tums (max of 4 tabs per 24h)	1 tablet under age 12 2 tablets over age 12	PRN heartburn, indigestion
Triple Antibiotic/Polysporin/ Neospoin/Bacitracin	Applied topically to affected areas	PRN cuts or abrasions
Calamine/Caladryl Lotion	Applied topically to affected areas	PRN itching
Vaseline or Aquaphor	Applied topically to affected areas	PRN minor sore or dryness
Unscented Hand/Body Lotion	Apply to skin	PRN dryness
Ophthalmic Saline	Apply to eyes	PRN dryness
Cough Drops		PRN cough, sore throat
Hydrocortisone Cream 1%	Apply to skin	PRN itching
Aloe Vera Gel	Apply to skin	PRN sunburns/burns

Student Name: _____ Date of Birth: _____

My child has my permission to use the WCSD stock over-the-counter medications and preparations. I have crossed out any items that my child should NOT have.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Health Care Provider Name: _____

Health Care Provider Signature: _____

Date: _____ Phone Number: _____

I have deemed this student to be responsible in taking their own medications and in addition give them permission to self carry and self administer this medication. They will be considered independent in medication delivery and need intervention only during an emergency.

Health Care Provider Signature: _____