

Syosset Central School District

Dr. Thomas L. Rogers
Superintendent of Schools

P.O. Box 9029, 99 Pell Lane
Syosset, New York 11791
516-364-5600

Dr. Theresa Curry
Deputy Superintendent of Schools

Phone: 516-364-5656
Facsimile: 516-921-0087

REQUEST FOR ADMINISTRATION OF OVER THE COUNTER (OTC) TOPICAL MEDICATIONS

Student's Name: _____ Age _____ Grade _____

Home Address: _____ Phone # _____

Dear Parent:

The following non-prescription **topical** medications are stocked in the Health Office and are used on an as needed basis to manage injury and mild skin irritations. New York State Law requires a written request from a Physician indicating the use of such medications.

Please check off what medications should be given if needed:

- | | |
|---|---|
| <input type="checkbox"/> Bacitracin/Antibiotic Ointment | <input type="checkbox"/> Hydrocortisone Cream 1% |
| <input type="checkbox"/> Bactine | <input type="checkbox"/> Hydrocortisone Cream .5% |
| <input type="checkbox"/> Benadryl Cream | <input type="checkbox"/> Lubriderm |
| <input type="checkbox"/> Caladryl Cream | <input type="checkbox"/> First Aid Cream |
| <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Hydrogen Peroxide |
| <input type="checkbox"/> Contact Lens Solution, Saline Solutions,
Liquid Tears | <input type="checkbox"/> Sting Relief |
| <input type="checkbox"/> Eucerin | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Aquaphor | <input type="checkbox"/> Bausch & Lomb Liquid Tears/Eyewash |
| | <input type="checkbox"/> Zinc |

Parent/Guardian Signature Date

Physician Signature

Physician Stamp