

**THE PUBLIC SCHOOLS OF THE TARRYTOWNS  
DEPARTMENT OF PUPIL PERSONNEL SERVICES  
HEALTH SERVICES**

Dear Parent or Guardian:

As outlined in the Nurse Practice Act and provisions of the State Education Law, school nurses, principals, and other school personnel cannot dispense internal medications, such as aspirin tablets, to school children and to school personnel.

Under certain unusual circumstances, when it is necessary for the child to take internal medication even over the counter during school hours, the nurse may cooperate with the family physician and parents.

In order to comply with the above regulations, please have the attached form completed and returned to the School Nurse if medication in school is necessary.

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To be completed by the Parent:

I hereby give permission for the school nurse to administer medication as directed by my child's physician.

Child's Name	Grade	School
Parent's Phone Number	Parent's Signature	Date

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To be Completed by the Physician:

Child's Name	is to receive	Name of Medication
Dosage, Frequency	for	Diagnosis and Duration
Possible Side Effects		Signature of Physician

Order expiration date: \_\_\_\_\_

**IMPORTANT:** Medication to be given must be in a PRESCRIPTION BOTTLE with the child's name, name of medication, and name of doctor on the druggist's label attached.

