

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



East Islip School Dist.
1 Craig B. Gariepy Ave.
Islip Terrace, NY 11752
Phone (631) 224-2072
Fax (631) 581-8204

To: The Parents/Guardian of: _____

Re: _____

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

1. NAME OF MEDICATION
2. TIME TO BE ADMINISTERED
3. A REQUEST THAT IT BE DISPENSED IN SCHOOL, AND A **NOTE FROM THE PARENT** GIVING THE SCHOOL PERMISSION TO DISPENSE IT.

PLEASE NOTE: YOUR CHILD MAY NOT HAVE ANY MEDICATION IN SCHOOL IN THEIR POSSESSION. WE HAVE MANY CHILDREN WHO ARE ALLERGIC TO VARIOUS DRUGS. IF ANY OF THESE DRUGS SHOULD UNKNOWINGLY FALL INTO THEIR HANDS, THE RESULT COULD BE SERIOUS/FATAL.

TO THE PHYSICIAN:

PLEASE COMPLETE THE FOLLOWING:

1. CHILD'S NAME: _____
2. NAME OF MEDICATION: _____
3. TIMES TO BE GIVEN: _____
4. DURATION OF TIME CHILD IS TO RECEIVE MEDICATION: _____

PHYSICIAN'S SIGNATURE: _____

PRINT PHYSICIAN'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: _____

NURSE'S SIGNATURE: _____

PAUL E. MANZO
SUPERINTENDENT OF SCHOOLS