

Williamson Central School

williamsoncentral.org
(315) 589-9661

PO Box 900
Williamson, NY
14589

E. Bridget Ashton
Superintendent of Schools

February 2026

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 (OTC) and preparations as well. Written orders are only valid for the school year in which they are provided and must be updated each school year.

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. Please be aware that OTC medications listed on the form may not be stocked in the health office. We recommend providing OTC medications to your child's school nurse to ensure their availability.

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

Sincerely,

Joy Reynolds RN High School Nurse 315-589-9625 jreynolds@williamsoncentral.org 315-410-5470 (fax)	Nicholas Weis MNE, RN, SNT Middle School Nurse Nurse Coordinator 315-589-9665 option 3 nweis@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

2025-2026 School Year

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

Medication	Dose	Frequency
Acetaminophen 325mg tablet	_____ mg	PO q4-6h PRN pain or temp ≥ 100.4 F
Acetaminophen 160mg/5ml	_____ ml	PO q4-6h PRN pain or temp ≥ 100.4 F
Ibuprofen 200mg	_____ mg	PO q6-8h PRN pain or temp ≥ 100.4 F
Ibuprofen 100mg/5ml	_____ ml	PO q6-8h PRN pain or temp ≥ 100.4 F
Diphenhydramine 25mg or 12.5mg/5ml	_____ mg _____ ml	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
Antibiotic ointment	Applied topically	PRN cuts or abrasions
Calamine/Caladryl Lotion	Applied topically	PRN itching
Vaseline or Aquaphor	Applied topically	PRN minor sore or dryness
Unscented Hand/Body Lotion	Apply topically	PRN dryness
Ophthalmic Saline	Apply to eyes	PRN dryness
Cough Drops	1 lozenge	PRN cough, sore throat
Hydrocortisone Cream 1%	Apply topically	PRN itching
Aloe Vera Gel	Apply topically	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: _____