



Authorization for Administration of District-Provided Over-the-Counter (OTC) Medications in School and At School-Sponsored Events

In accordance with NYS Education law, the school health office requires written authorization from both a parent/guardian and a healthcare provider before administering District-provided over-the-counter (OTC) medications.

Please complete and return this OTC Medication Administration Authorization and Consent Form to the school nurse. These medications and treatments are available as needed at the discretion of the school nurse. **This authorization remains valid for one calendar year** from the date of the medical provider’s signature.

Student’s Name: _____

Grade: _____

I, _____ (print name), the parent/guardian of the above-named student, give permission for the school nurse to administer as appropriate the following District-provided OTC medications or treatments only as checked (

ALL stated medications/products OR check individual preferences

Skin and Wound Care

- Petroleum jelly/Vaseline:** topically for chapped skin or lips/irritation
- Aloe gel:** topically for minor skin irritation/burn
- Lidocaine HCl 2.0% burn spray:** topically for minor burns
- Calamine lotion:** topically for skin irritation or insect bite
- Triple Antibiotic Ointment:** for wounds
- Unscented Lotion:** for dry skin or irritation

Eye and Oral Care

- Saline Solution:** for eye irritation or contact solution for contact lenses
- Salt Water gargle/rinse:** for sore throat/mouth irritation
- Mouthwash and toothpaste:** for hygiene purposes

Hygiene and Disinfection

- Alcohol Wipes/Alcohol Prep Pads:** for disinfection/cleansing
- Hypoallergenic Baby Wipes:** for hygiene purposes

Parent/Guardian Signature: _____ **Date:** _____

Phone: _____

Licensed Provider Printed Name: _____ **Date:** _____

Phone: _____ **Signature:** _____

License Number: _____ **Office Address:** _____



Dear Parent or Guardian,

Enclosed, please find the "School District OTC Medication Authorization and Consent Form." Compliance with these requirements is mandatory for the administration of any treatment by the school health office. In accordance with New York State (NYS) Education law, the school health office must have written authorization from both a parent/guardian and a licensed healthcare provider before the school nurse can administer district-provided over-the-counter (OTC) medications or treatments to a student.

Administration Guidelines and Validity

This authorization covers the administration of treatments both during the regular school day and at all school-sponsored events, including field trips and athletic competitions. These medications and treatments are available as needed and will be administered "as appropriate" solely at the discretion of the school nurse.

This authorization is valid for exactly one calendar year from the date of the licensed healthcare provider's signature. To ensure your child has uninterrupted access to health services, we recommend bringing this form to your child's annual physical or well-visit. Please return the completed form to the health office prior to the start of the school year to avoid any delays in care.

Completion Instructions for Parents and Providers

To ensure the form is processed correctly and remains valid under state law, please adhere to the following requirements:

- Selection of Treatments:** The parent/guardian must check () only the specific medications they authorize. If a box is left unchecked, the school nurse cannot and will not administer that treatment, even if it appears necessary for a minor injury or hygiene need.
- Required Signatures:** Both the parent/guardian and the licensed healthcare provider must sign and date the form.
- Contact Information:** A valid phone number must be provided for both the parent/guardian and the healthcare provider for verification purposes.
- Provider Verification:** For the form to be legally valid in accordance with NYS requirements, the healthcare provider must include their professional license number and their complete office address.

Please return the completed form to the school health office immediately. If you have any questions regarding these requirements or the medications provided by the district, please contact the school health office.

Sincerely,

Kristyn Sadallah, RN Elementary School	Jessica Ayari, RN Middle School	Donna Farrell, RN High School
(315)839-6328 ksadallah@svcsd.org	(315)839-6372 jayari@svcsd.org	(315)839-6317 dfarrell@svcsd.org