

Fire Island School District
P.O. Box 428
Ocean Beach, New York 11770-0428
Phone: (631) 583-5626 Fax: (631) 583-5167

Over The Counter Medication Permission
MANDATORY FORM TO BE SIGNED AND RETURNED

New York State Education Law requires prior written approval from both a healthcare provider and the parent/legal guardian for over-the-counter medication ("OTC") to be administered in school. Therefore, if your student needs OTC medication, please complete this form and return as soon as possible.

These are the OTC medications that we currently administer in school if needed.

Student's Name: _____ **DOB:** _____ **Allergies:** _____

Medication	Indications for use and conditions under which medication should be administered. Please add indications if needed.	Dosage and Route of Medication	Frequency and/or Time	Health care Provider Consent (Please Initial)	Parent/Legal Guardian Consent (Please Initial)
Caladryl Clear	Mosquito Bites Poison Ivy	1 Topical Application to Site	As Needed		
Vaseline	Skin Irritation Lips	1 Topical Application to Site	As Needed		
Vanicream/Bag Balm	Apply to dry, itchy skin	1 Topical Application to Site	As Needed		
Hand soap	Hygiene	As Directed	As Needed		

If you prefer alternate medication(s) for the symptoms, please have your health care provider list below.

To Be Completed by Health Care Provider		
I authorize the OTC medications initialed above to be administered to this student		
Name/Title of Licensed Prescriber: (Please Print)	License #:	Date:
Signature:		Initials:
Office Address:		Office Phone:
Medication:		
Diagnosis:		

To be completed by Parent/Legal Guardian		
I give the school permission for the school nurse to use their stock OTC medication listed on this form		
Name: (Please Print)	Initials:	Date:
Signature:		Cell Phone:

