

Pine Plains Central School District

2829 Church Street
Pine Plains, NY 12567

Cold Spring Early Learning Center
358 Homan Road
Stanfordville, NY 12581
School Nurse, J. Heath, RN
j.heath@ppcsd.org
(845) 868-7451 ext. 2239; (845) 868-1105 (f)

Seymour Smith Intermediate Learning Center
41 Academy Street
Pine Plains, NY 12567
School Nurse, J. Funk, RN
j.funk@ppcsd.org
(518) 398-3000 ext. 3103; (518) 398-1141 (f)

Stissing Mountain Jr./Sr. High School
2829 Church Street
Pine Plains, NY 12567
School Nurse, M. Anderson, RN
m.anderson@ppcsd.org
School Nurse, J. Zengen, RN
j.zengen@ppcsd.org
(518) 398-7181 ext. 1335; (518) 398-0169 (f)

RE: OTC/Treatment Form

*If you would like your child to have access to anything noted below New York State requires that **both** a physician and parent sign this form.*

Student Name _____ Grade _____
(Please Print) Last First

Please administer, as needed, the following over the counter medications throughout the school year to the above mentioned student as directed below:

Tylenol for headache, pain, or discomfort due to a low-grade fever
Tums for an upset stomach
Calamine lotion or Hydrocortisone cream for itchy rash
Aloe Vera Gel for minor burns, insect bites, skin irritations
Vaseline/Aquaphor for chapped skin/lips
Benadryl for allergic reactions
Solarcaine for sunburn
Burn-Jel for burns
Antibiotic ointment for lacerations, tick bites or abrasions
Sting relief swab for bee stings and insect bites

- ❖ Please cross off the list anything you are not comfortable with and add anything else you feel your child may need (The above list is stocked by each school. **Any other medication will have to be provided by you in the original container and brought to school by an adult**).
- ❖ Generic forms may be used.
- ❖ Unless otherwise noted, all of the above will be administered as per label instructions.

Physician's Signature _____

Physician's Phone Number _____ Date _____

I request that the Health Office personnel administer the above medication to my child as prescribed by their physician.

Parent Signature _____

Parent Name (please print) _____