



ELLICOTTVILLE

Central School

5873 Route 219 • Ellicottville NY 14731
District: 716.699.2368 • MS/HS: 716.699.2316 • Elementary 716.699.2318

Dear Parent/Guardian:

In New York State, the determination of what qualifies as an over the counter (OTC) medication is based on the U.S. Food and Drug Administration (FDA) Active Ingredient List. If a product contains an active ingredient listed by the FDA, it is considered an OTC medication.

In accordance with New York State Education Law and school health regulations, the administration of any medication, including OTC medications, requires:

- A written order from a licensed healthcare provider, **and**
- Written parental or guardian consent.

Below is a list of commonly used OTC stock products available in the School Health Office. Please review this information carefully, sign, and return the completed form to the school.

If your child develops any new allergies or sensitivities, please notify the school nurse promptly so records may be updated.

This form must be completed by a Parent/Guardian and Healthcare Provider and is valid for one (1) year.

If a student is requiring medications not listed on this page an additional order and parent permission is needed.

Return to:

School Nurse: Leandra Hackett, RN

School: Ellicottville Central School

Address: 5873 US 219, Ellicottville, NY 14731

Phone: (716) 699-2318 x1604

Fax: (716) 699-5424

Email: lhackett@ecsny.org

Student Name: _____

Date of Birth: _____ Grade: _____

Parent/Guardian Consent

By marking each box, you give permission for School Health Office staff to administer the selected **over-the-counter stock** medications to your child as **needed** and **according to package instructions and/or provider orders**. This plan will be shared with the appropriate school staff responsible for your child's care.

First Aid/ Topical Products

- ☐ First Aid antiseptic
- ☐ Calamine lotion
- ☐ Hydrocortisone cream 1%
- ☐ Saline Contact Solution (Sensitive Eyes)
- ☐ Saltwater gargles
- ☐ Lip Balm (contains mineral oil, bees wax, vitamin E, coconut oil, pomegranate flavor)
- ☐ Vaseline (white petroleum)
- ☐ Toothpaste and dental floss
- ☐ Hand Lotion (Vaseline Essential Healing unscented)
- ☐ Isopropyl Alcohol 70%

Oral Medications (grades 6-12 only)

- ☐ **Acetaminophen (liquid or tablet)**- orally every 4-6 hours as needed for headache or pain
Dose: _____ (to be completed by provider)
- ☐ **Ibuprofen (liquid or tablet)**- orally every 6 hours as needed for headache or pain
Dose: _____ (to be completed by provider)
- ☐ **Tums**- 1-2 tablets orally every 2 hours as needed

Parent/Guardian Signature: _____ Date: _____

To be completed by Medical Provider:

Name/Title of Prescriber (print): _____

Prescriber address: _____ Phone: _____

Prescriber signature: _____ Date: _____