Kenmore-Town of Tonawanda UFSD
Prescription and Over-the-Counter Medication Permission Form
2026-2027

Note to Health Care Provider/Dentist: Your cooperation is requested to help us care for your patient and to comply with School Health Service Medication Guidelines mandated by New York State. Please make every effort to recommend administration of medication, particularly controlled substances, outside the school setting. Should you decide that your patient requires administration of medication during school hours, we will comply with your written instructions.

To Whom It May Concern:

The student (name of student): _____

Who attends (school): _____

1st receiving (medication): _____

For the treatment of (disease): _____

For the period of (dates): _____

And should receive (medication) _____ at (times) _____

Possible side effects: _____

Print Name of Health Care Provider: _____

Signature of Health Care Provider: _____

Date: _____ Phone Number: _____

Note to Parent/Guardian:

- Present this completed form to your child's school nurse with your signature authorizing the approval of your Health Care provider's orders to administer the above medication to your child at school and school-related activities during the regular school hours.
- To ensure the safety of your child and others, do not send the medication to school with your child. Bring the medication in the original labeled container. This applies to both prescription and/or over-the-counter medications.

I have read my health care providers instructions and request that the school nurse comply with these orders.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____