

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

Administration of Medication in School

NEW YORK STATE LAW REQUIRES that medications can be given during school hours **only** if the school nurse receives a note from your doctor, including his/her signature (We cannot accept a stamped signature, nor the signature of a nurse, or secretary) stating:

1. Name of the medication
2. Time and dosage of the medication to be given
3. A request that it be dispensed in school, and a note from the parent/legal guardian giving the school nurse permission to dispense the medication
4. The medication is in its original sealed container

MEDICATION TO BE TAKEN IN SCHOOL must be taken to the nurse's office by the parent/legal guardian. **PLEASE** do **NOT** have the medication in school for a child to take on their own. We have many children who are allergic to various drugs. If any of these drugs should unknowingly fall into their hands, the results could be **FATAL**.

TO THE PHYSICIAN – Please complete the following:

Date: _____

1. Child's Name: _____

2. Name of Medication: _____

3. Times to be given: _____

4. Dosage to be given: _____

5. Duration of time child is to receive medication: _____

6. Physician's Signature: _____

(We cannot accept a stamped signature, nor the signature of a nurse, or secretary)



(Place office stamp in this box)

TO THE PARENT/LEGAL GUARDIAN – Please sign the following:

As the parent/legal guardian of the child listed above, I hereby give my permission for the School Nurse to administer the above listed medication as prescribed by my doctor to my child. Should the nurse have any questions, they may contact the prescribing physician for clarification. I am aware that all medication(s) must be taken to the nurse's office by the parent/legal guardian.

Signature of Parent/Legal Guardian: _____