

SUFFERN CENTRAL SCHOOL DISTRICT

Hillburn, New York

Authorization for Administration of Nonprescription (Over-the-Counter) Medication School Year 2025–2026

New York State requires a written, student-specific prescriber order and written parent/guardian consent before any medication — including over-the-counter products — may be administered at school. Prescription and emergency medications use the District's separate Medication Authorization Form. The prescriber must complete every blank on each line checked; any alteration must be initialed.

STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____ Grade: _____

School: _____ Weight: _____ lbs. Date weighed: _____

Known medication allergies: _____

Other medications the student takes routinely: _____

NONPRESCRIPTION MEDICATION ORDERS — CHECK EACH MEDICATION AUTHORIZED AND COMPLETE ALL DIRECTIONS ON THAT LINE

- ☐ Petroleum jelly (e.g., Vaseline) — apply a thin layer to lips or affected area as needed, up to _____ time(s) per school day.
- ☐ Anti-itch lotion (e.g., calamine, Caladryl) — apply a thin layer to the affected area every _____ hours as needed for itching.
- ☐ Cough drops / throat lozenges — give _____ lozenge(s) every _____ hours as needed. Student must be developmentally able to use a lozenge safely.
- ☐ Acetaminophen — ☐ liquid 160 mg/5 mL, give _____ mL ☐ 325 mg tablets, give _____ tablet(s) — equal to _____ mg by mouth every _____ hours as needed for pain, discomfort, or fever.
- ☐ Ibuprofen — ☐ liquid 100 mg/5 mL, give _____ mL ☐ 200 mg tablets, give _____ tablet(s) — equal to _____ mg by mouth every _____ hours as needed for pain, discomfort, or fever.
- ☐ Other: _____ Dose: _____ Route: _____ Frequency: _____ Indication: _____

CONDITIONS OF ADMINISTRATION

- Administered in the school health office by the school nurse or other licensed health personnel; students may not carry or self-administer them.
- The school nurse may withhold a dose based on nursing assessment, and will notify the parent/guardian after _____ dose(s) or after _____ consecutive school days of administration, whichever occurs first.
- Fever-reducing medication will not be used to keep a student who meets the District's illness-exclusion criteria in school. A student with fever must remain home until fever-free for 24 hours without fever-reducing medication.
- Parent-supplied medication must be delivered to the health office by an adult in the original manufacturer's container, unexpired and labeled with the student's name. District stock, where maintained, may be used to fill this order.
- Applies to school-sponsored activities and field trips only where licensed health personnel are present. Expires at the end of the 2025–2026 school year; orders do not carry over.

PARENT/GUARDIAN CONSENT

I authorize licensed District health personnel to administer the medications ordered below to my child in accordance with the prescriber's order, the school nurse's assessment, and District policy, and I authorize the school nurse and the prescriber to exchange information concerning this order.

Name (print): _____ Relationship: _____ Telephone: _____

Signature: _____ Date: _____

PRESCRIBER'S ORDER

I order the administration of the medications and directions selected above for this student.

Printed Name: _____ Credentials (MD/DO/NP/PA): _____ NYS License No.: _____

Office Address / Telephone: _____

Signature: _____ Date: _____

Health office use — Received by: _____ Date: _____