Pittsford Schools

Over-the-Counter Medication Administration Permission at School

New York State Education Law requires prior written approval from both a healthcare provider and the parent/legal guardian for over-the-counter (OTC) medication to be administered in school. If your child requires the use of any OTC medications, please complete this form and return to the school nurse. The Pittsford Central School District will provide the medications listed below for student use. Without this consent, your child will be unable to receive these medications in school.

Student Name: _____ **DOB**: _____

Grade: _____ **School Year:** _____

To Be Completed By Health Care Provider – Valid for one School Year

I authorize the following over-the-counter (OTC) medications marked below to be administered to this student in school.

_____ _____ _____

Name/Title of Licensed Provider | Provider Signature | Date

*Students in Grades 6-12 are permitted to self-carry designated medications. Please check below if student is able to self-carry the below OTC medications.

☐ This student may self-carry OTC medications in school (Grades 6-12 only)

To Be Completed Parent/Guardian

I authorize the school nurse to administer the over-the-counter (OTC) medications marked below to my child in school.

_____ _____

Parent/Guardian Signature | Date

Over-the-counter medication list:

☐ Aquaphor/Vaseline/Petroleum Jelly for dry or chapped lips

☐ Aloe for cuts, scrapes, burns

☐ Calamine lotion for itchy rash or insect bite

☐ Oral supplies (dental floss, braces wax)

☐ Saline solution for contact lenses/minor cuts

☐ Saltwater gargles for sore throat

☐ Unscented hand/body lotion

Please return this completed form to:

Barker Road Middle School Health Office
75 Barker Road, Pittsford, NY 14534
Fax: 585-385-4245
Email: bms_nurse@pittsford.monroe.edu