

MEDICATION

In compliance with the Orchard Park School District and the State of New York, we hereby request the School Nurse to follow instructions in the treatment of:

Child's Name

Date

Signature of Parent/Guardian

Physician's Instructions:

Name of Medication: _____

Dosage of Medication: _____

Frequency of Medication: _____

Time to be Administered: _____

Reason for Medication: _____

Further pertinent information: _____

Signature of Physician

The school nurse is authorized to administer medication to students only after all of the following conditions are met:

1. THE PHYSICIAN'S WRITTEN ORDER IS RECEIVED BY THE NURSE IN WHICH THE DOSAGE AND FREQUENCY OF THE PRESCRIBED MEDICATION IS INDICATED.
2. THE PARENT'S WRITTEN REQUEST TO ADMINISTER MEDICATION IS RECEIVED BY THE NURSE.
3. THE MEDICATION IS BROUGHT TO THE HEALTH OFFICE BY AN ADULT IN THE ORIGINAL CONTAINER.

DO NOT SEND MEDICATION TO SCHOOL WITH YOUR CHILD. THIS INCLUDES ALL OVER THE COUNTER MEDICATIONS SUCH AS **TYLENOL, IBUPROFEN, COLD MEDICINE, COUGH DROPS**, ETC.

Please feel free to contact the School Nurse, Mrs. Marmion 674-9232 if you have any questions.