

Middleburgh Central School

Medication Permission Form

If you wish for your child to receive **ANY** medication during school hours, the State Education Department regulation **requires written permission from you and your child's health care provider. This includes all prescription and/or over the counter medications.** This written permission **must** be renewed annually. This form needs to be completed by the health care provider and signed by the parent/guardian before returning to the school. **No medications will be administered to your child without written consent by their physician and parent/guardian.**

Middleburgh Central School Nurse or designated staff member has permission to administer the following to my child:

Student's Full Name: _____ **DOB** _____
Date: _____ **Allergies:** _____

YES/NO: Acetaminophen (Tylenol): **For fever, pain, or headache** **Dosage:** as per package instructions.

YES/NO: Ibuprofen (Motrin, Advil): **For pain or headache, menstrual cramps** **Dosage:** as per package instructions

YES/NO: Tums (antacid): **For heartburn or sour stomach** **Dosage:** as per package instructions.

YES/NO: Benadryl (antihistamine): **For allergic reactions:** **Dosage:** as per package instructions.

The only medications that New York State allows a student to self carry are the following: Epi-pen, diabetic supplies, and rescue inhalers such as albuterol.

YES/NO: Other medications: _____

Time: _____ Dosage: _____ Purpose _____

YES/NO: Calamine lotion: for minor rash or skin irritation

YES/NO: Hydrocortisone cream: for minor rash or skin irritation

YES/NO: Antibiotic ointment for small abrasions or cuts

YES/NO: Splinter removal

YES/NO: Tick removal

Print Provider's name: _____

Provider's signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Please do not return until both physician/provider and parent/guardian have signed.

Jr./Sr. Nurse fax #: 518-827-5162 ES Nurse fax #: 518-827-3289