

WESTCHESTER DAY SCHOOL

HEALTH SERVICES - MEDICATION PERMISSION SHEET

Dear Parent/Guardian:

New York State Law provides that internal medications should not be administered in school. However, on occasion, your child may require medication during school hours. In such instances, the following requirements must be met:

1. Written signed orders from the child's physician
2. Written request from the parent/guardian
3. Medication should be brought to school in the original labeled bottle. (Please ask the pharmacist for an extra container.)

Please complete the following form and return it to the school nurse. Thank you for your cooperation.

Name of Child: _____ DOB: _____ Grade/Class: _____

Diagnosis: _____

Name of Medication: _____

Dosage & Route of Administration: _____

Time To Be Given: _____

Duration of Prescription: _____

Storage Requirements /Other Conditions: _____

If PRN, for what symptoms: _____

Should a change in any of the above information occur, a revised written physician's statement must be submitted.

IF AN INHALLER IS NEEDED, MAY CHILD CARR AND SELF-MEDICATE?

- This option is available only in grades 7 & 8: Yes: _____ No: _____

Physician's Signature: _____ Date: _____

Physician's Name & Address: _____

Telephone: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Daytime Telephone: _____