MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
AT CENTEREACH
8 43RD STREET • CENTEREACH, NY 11720
631-285-8005 • 631-738-2719 (fax) • www.mccsd.net

Roberta A. Gerold, Ed.D., Superintendent of Schools
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Joseph Mercado, Director of Health, Physical Education & Athletics

ADMINISTRATION OF MEDICATIONS IN SCHOOL

_____ _____
Student's Name Grade and School

New York State Law states that medication can be given to a child during school hours **only if the school nurse receives a note from the child's physician with the physician's signature. All medication must be in the original container and clearly labeled** stating:

1. Name of medication;
2. Time medication is to be given, and dosage;
3. A request that it be dispensed in school, together with a note from the parent/guardian giving the school nurse permission to dispense the medication.
4. Medication must be in its original sealed container.

MEDICATION TO BE TAKEN IN SCHOOL must be taken to the nurse's office by the parent/guardian. PLEASE do not have medication in school for a child to take on his/her own. We have many children who are allergic to various drugs. If any of these drugs should unknowingly fall into their hands, the results could be **FATAL**.

We cannot accept notes that are stamped, or signed by anyone other than your child's physician.

Dear Parent/Guardian of _____

Your child was receiving medication during the school year. Enclosed is the form needed to be completed by your child's doctor for the next school year. Please return the completed form to your child's nurse in September. Medications must be taken to the nurse's office by the parent/guardian.

Thank you for your cooperation.

_____
School Nurse

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

ADMINISTRATION OF MEDICATIONS IN SCHOOL

New York State Law requires that medications can be given during school hours only if the school nurse receives **a note from your doctor, including his/her signature** (**stamped signatures, nurse's signatures or secretary's signatures cannot be accepted)** stating:

1. Name of medication;
2. Time and dosage of medication to be given;
3. A request that it be dispensed in school, and a note from the parent giving the school nurse permission to dispense the medication;
4. The medication is in its original sealed container.

MEDICATION TO BE TAKEN IN SCHOOL must be taken to the nurse's office by the parent/guardian. **PLEASE** do not have medication in school for a child to take on his/her own. We have many children who are allergic to various drugs. If any of these drugs should unknowingly fall into their hands, the results could be **FATAL**.

Date: _____

To the Physician:

Please complete the following:

1. Child's Name _____
2. Name of Medication _____
3. Times to be given _____
4. Dosage to be given _____
5. Duration of time child is to receive medication _____

_____

Physician's Signature _____

We cannot accept a stamped signature, or a signature of a nurse or secretary.

_____
Office Stamp

To the Parent:

Please sign the following:

I hereby give my permission for the School Nurse to administer the medication as prescribed by my doctor for my child. All medication(s) must be taken to the nurse's office by the parent/guardian.

_____
Parent's Signature
