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| **Middle Country Central School District**  **Health Services** | |
| C:\Users\mvonlang\Desktop\LOGO Revised\MC-Color.png**145 Marshall Drive • Selden, NY 11784**  **631-285-8650 • 631-285-8151 (fax) •** [**www.mccsd.net**](http://www.mccsd.net) | |
|  | *Roberta A. Gerold, Ed.D., Superintendent of Schools*  *Francine McMahon, Deputy Superintendent for Instruction*  *Beth Rella, Ed.D., Assistant Superintendent for Business*  *James G. Donovan, Assistant Superintendent for Human Resources*  *Joseph Mercado, Director of Physical Education, Health and Athletics* |

Dear Parent or Guardian, Date: \_\_\_\_\_\_\_\_\_\_

Health care provider and parent permission is needed for all prescription and over the counter (OTC) medications used at school or school-sponsored activities.

* Parents/guardians are responsible for having medications delivered directly to the school in a properly labeled original container by an adult, unless student has a health care provider attestation to carry and use their medication independently (see below).
* Please bring all medication directly to the school health office.
* If your child’s health care provider decides your child can carry and use their diabetes, asthma or epinephrine auto-injector medication independently and you wish them to do so, they must put in writing (attest) that your child can do so safely. We have a form they can use to provide this information if they wish.
* Please provide emergency action plan from physician in the event of life threatening allergies
* Please ask the pharmacist to give you a **labeled container** **for prescription medications** so we can send this bottle on field trips.
* Sending **small containers of any OTC medications** makes it easier to send the correct amount needed on field trips and comply with New York State laws pertaining to medication storage.

Medication forms are available on our district web site or may be obtained from the School Health Office. Your physician may use their own form if desired.

We will be available for medication drop off through school hours on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you need to make special arrangements to drop off medication, please call to make these arrangements.

Thank you in advance for your cooperation

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| School Nurse: |  | | | School: |  | |
| Phone #: |  | Fax: |  | | Email: |  |