TUCKAHOE UNION FREE SCHOOL DISTRICT

HEALTH OFFICE

TO:	Parent/Guardians	

FROM: The School Nurse's Office

Re: School Medication Administration

If your child needs to take medication, either prescription or nonprescription during school hours, you and your doctor must complete the form attached to this letter. Bring the form and the medication to the school nurse. The medication must be in a properly labeled bottle.

If medication is not properly labeled and we do not have signed parent/doctor consent, we cannot give the medication.

We must work together for the health and well being of our students and your children.

If you have any questions, please do not hesitate to call the Health Office at 337-5376 ext. 1236 for TMS/THS or ext. 1282 for Cottle.

Thank you for your cooperation.

Sincerely, Adrienne Notaro RN – W.E. Cottle Noreen Gosdin RN -TMS/THS

Reminders:

Be sure that the doctor completes the form. (The doctor may attach an RX form.)

Prescriptions must be in the original container.

Do not send any pill or liquid to school with your child.

Over the counter drugs must be in original container and must follow the above.

Authorization for Medication(s) to be Taken During School Hours

The following section is to be c	ompleted by the PARENT:	:	
School Name: Please circle one	: W. E. Cottle TMS	THS Grade:	
Child's Name: Last	First	Sex	Date of Birth
I request that my child be assist authorized persons or permitte and myself (see below). Parent/Guardian Signature	d to self-medicate her/hims	self as also authoriz	ed by the physician Date:
Home Phone	Cell/Work 1	Number:	
The following is to be complete REASON FOR MEDICATION	:		
NAME OF MEDICATION:			
FORM:			
DOSE:			
If medication is give DAILY, at If medicine to be given WHEN	NEEDED, describe indica	tions:	
How soon can it be repeated? Is child authorized to self-medi List significant side effects: Length of time this treatment is	cate her/himself?		
OTHER INFORMATION:			
Date:	Physician Signature:		
<u>Please print or use stamp</u> : Physician Name: Address: <u>Phone Number:</u> The law allows any person not m recommendations, and the school request. This accommodation or signing this form are agreeing to might arise.	ol recognizes the desirability n the part of the school is not	of responding to the the second se	e physician's herefore, the persons