

**Greenburgh Eleven UFSD
The Children's Village
Dobbs Ferry, New York 10522
(914) 693-0600**

To: Parent/Guardian
Re: Medications in School

Under provisions of the State Education Law and as outlined in the Nurse Practice Act, a school nurse, principals and other school personnel may not dispense internal medications to school children.

Under unusual circumstances when it is necessary for a child to take internal medication during school hours, the nurse may cooperate with the family physician and parents. In order to do this, we must have the following:

1. Authorization from the parent/guardian.
2. Written signed orders from the Physician.
3. The original prescription bottle of medication from the pharmacist labeled as to its contents.

This medication must be brought to the school by the parent/guardian and not sent with a child on the school bus.

If the child has been ill and is on a short series of medication, it might be advisable to keep the child home until the series is completed and the necessary observation time has elapsed for a safe, healthy return to school.

Thank you for your cooperation.

School Nurse

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The Children's Village
Dobbs Ferry, New York 10522
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As outlined in the Nurse Practice Act and Provisions of the State Education law, a school nurse, principals and other school personnel cannot dispense internal medications, such as aspirin tablets, to school children and to school personnel.

Under certain unusual circumstances, when it is necessary for the child to take an internal medication during school nurse, the nurse or another member of the school staff who has been properly instructed, may cooperate with the family physician and parents. In order to do this, the parent must complete and have completed the following form and return it to the school nurse as soon as possible.

The medication must be in the bottle as dispensed by the pharmacist (not transferred to another bottle) giving the name of the child, name of medication, prescription number, method of administration and prescribing physician's name. This medication must be hand delivered by parent to the school nurse.

Date: _____

I hereby give permission for the school nurse to administer the medication as stated below by your physician to:

_____	_____	_____
Child's Name	Grade	School
_____		_____
Parent/Guardian Telephone No.	Parent/Guardian Signature	

Date: _____

_____ is to receive _____

_____	_____
Child's Name	Name of Medication

Dosage, frequency and reason for medication

Possible side effects: _____

Desired Action: _____

Date of last physical examination: _____

Signature of Physician