## **Middleburgh Central School**

## **Medication Permission Form**

If you wish for your child to receive **ANY** medication during school hours, the State Education Department regulation **requires written permission from you and your child's health care provider. This includes all prescription and/or over the counter medications.** This written permission **must** be renewed annually. This form needs to be completed by the health care provider and signed by the parent/guardian before returning to the school. **No medications will be administered to your child without written consent by their physician and parent/guardian.** 

Middleburgh Central School Nurse or designated staff member has permission to administer the following to my child:

DOR

Student's Full Name

Date:	Allergies:	
YES/NO: instruction		er, pain, or headache Dosage: as per package
YES/NO: package in		in or headache, menstrual cramps Dosage: as per
YES/NO:	Tums (antacid): For heartburn or	sour stomach Dosage: as per package instructions.
YES/NO: Benadryl (antihistamine): For allergic reactions: Dosage: as per package instructions.		
The only		illows a student to self carry are the following: Epi-pen rescue inhalers such as albuterol.
YES/NO:	Other medications:	
Time:	Dosage:	Purpose
	2: Calamine lotion: for minor rash or skin irritation	
YES/NO:	<b>ES/NO:</b> Hydrocortisone cream: for minor rash or skin irritation	
YES/NO: Antibiotic ointment for small abrasions or cuts		
YES/NO:	Splinter removal	
YES/NO:	Tick removal	
Print Prov	vider's name:	
	s signature:	
Parent/Guardian signature:		Date:

<u>Please do not return until both physician/provider and parent/guardian have signed.</u>

<u>Nurse's fax #: 518-827-5162</u>