# SAUGERTIES CENTRAL SCHOOLS Call Box A

## Saugerties, New York 12477

#### Dear Parent/Guardian:

Children are not permitted to take medication during school hours unless state requirements are met. These requirements have been made to safeguard your child.

In order to give any medication in school, the school nurse must have on file the form provided on the back of this letter. Both parent and doctor must complete this form. Information on this form includes:

- 1. A written order from the physician, indicating the name of the drug, the amount or dosage to be given, and the time it is to be administered.
- 2. A written note from the parent, giving school personnel permission to give the child the medication as prescribed.

The above requirements include eyedrops, eardrops, and over-the-counter medications such as aspirin and Tylenol. The parent is responsible for bringing the medication to the school in the original container.

If you have any questions, please feel free to contact the school.

Sincerely,

Nara Scanlon, RN School Nurse

Sue Carter, RN School Nurse

# SAUGERTIES CENTRAL SCHOOLS Saugerties, New York INSTRUCTIONS FOR GIVING MEDICATION IN SCHOOL

### TO BE COMPLETED BY PHYSICIAN:

NAME OF CHILD:			
DATE OF ORDER:			
~ ~ ~ ~ ~			
MEDICINE AND D	OSAGE:		
Time and Circumstan	nce of Admi	nistration at Sc	chool:
Can a reaction be exp	pected:	_ If yes, describ	be:
Other recommendati orders)	`	•	f-administration
		Signature of	Physician
TO BI	E COMPLE	TED BY PAR	RENT
NAME OF CHILD: ADDRESS:			
I give permission for	school pers	onnel to admin	ister
	at	_ from	_ to
(name of drug)	(time)	(start date)	(end date)
Comments:		Signature of P	Parent