

MEDICATION RELEASE FORM

CANDOR CENTRAL SCHOOL

Physician's Order for Giving Medication in School:

Physician and parents of children requiring medication in school: Please complete this form so that required medication may be administered in compliance with the rules and regulations of the NYS Education Department, this includes over-the-counter medications such as Tylenol and Ibuprofen.

Student's Name: _____ Grade: _____ Date of Birth: _____

Diagnosis: _____ Name of Drug: _____

Dosage and Times to Be Given: _____

Expected Effect: _____

Possible Side Effects: _____

Time Duration of Order: Months _____ Weeks _____ Days _____

Date Order Is Effective: _____

Physician's Signature: _____

Physician's Printed Name and Address:

Parent/Guardian's Signature: _____

Self-Medication Release Form for Students

Inhalers and Epi-Pens Only

Student's Name: _____

Has been instructed in the proper use of the following medication procedures and is said to be self-directed:

Physician's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

We request that _____ be permitted to carry the medication on his/her person or to keep same in his/her locker or PE locker as we consider him/her responsible. He/She has been instructed in and verbally understands the purpose, appropriate method, and frequency of use. **All other medications must be kept in the Nurse's Office.**

ORDERS FOR OVER-THE-COUNTER PRODUCTS

CANDOR CENTRAL SCHOOL

Student Name: _____ Grade: _____ Date of Birth: _____

In order for the school nurse to administer any over-the-counter products to your child, **we need your permission and a health care provider's order.** Below is a list of products commonly used in the school setting. Please review the list, cross off any items that you do not want your child to receive, and then have it signed by your child's doctor. Please return the signed form to the nurse's office.

1. Anbesol or Amphojel: Apply as needed per package instructions for tooth pain.
2. Antacid Tablets: Give as needed for relief of heartburn, sour stomach, or acid indigestion per package instructions.
3. Calamine Lotion: Apply as needed per package instructions to temporarily relieve itching associated with rashes, insect bites, and minor skin irritations.
4. Cough Drops: Give as needed per package instructions to temporarily relieve minor throat irritations and coughs.
5. Hydrogen Peroxide: Apply as needed per package instructions to cleanse skin.
6. Petroleum Jelly or A & D Ointment: Apply as needed per package instructions for chapped skin, lips, and other minor skin irritations.
7. Rubbing Alcohol: Apply as needed per package instructions to cleanse skin.
8. Triple Antibiotic Ointment: Apply as needed per package instructions to minor cuts, scrapes, and bumps to help prevent infection.

Time Duration of Order: _____ Date Order is Effective: _____

Signature of Health Care Provider: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____