

Wappingers Central School District

99 Myers Corners Road

Wappingers Falls, NY 12590

(845) 298-5100 x 31213

OFFICE OF STUDENT SERVICES

Dear Parents:

Please do not send medication of any kind to school with your child. This includes all medication such as aspirin or any type you may obtain without a prescription. This not only applies to medication that may be taken by mouth, but any type that is applied to any area of the body. If a child arrives at school with medication, we are required to confiscate it and it will be the responsibility of the parent to claim it. Under certain unusual circumstances when it is necessary for a child to take medication at school, the school nurse may cooperate with the physician and the parents but certain definite requirements must be met. These standards are set up by New York State Educational Law.

All the following regulations must be met.

1. The School nurse must have a written order signed by a physician giving the following information:
 - A. Name of medication and possible side effects
 - B. Reason for giving it
 - C. Dosage
 - D. Time
 - E. Number of days
2. It must have a professional label (either drug store or drug company, if a proprietary).
3. It should be delivered directly to the school nurse by the parent.
4. The parent or guardian must submit a written request to the school nurse to give the medication as directed.

NEW PRESCRIPTIONS ARE REQUIRED AT THE BEGINNING OF EACH SCHOOL YEAR IN SEPTEMBER.

It is also the responsibility of the parent to come to the Health Office to obtain any unused medication. If unused medication is not picked up, it will be discarded seven days after the date of final dosage. Medication that has been prescribed for a period extending to the end of the school year will be discarded on the last day of school in June if it has not been picked up.

If at any time the physician wishes to increase the dosage, s/he must submit this request in writing. A verbal or telephone request from the parent or physician is not acceptable from the standpoint of protection for the nurse and the school.

Medication in the care of children is a serious hazard and endangers the lives of other children.

If you have any questions or concerns, please call the school nurse.

SCHOOL HEALTH SERVICES
WAPPINGERS CENTRAL SCHOOL DISTRICT

_____SCHOOL

PARENT PERMISSION FOR IN-SCHOOL MEDICATION

Student _____ Grade ____ Room ____ ID# _____

Date: _____

I give permission to the school nurse or designated school personnel to administer
_____ as prescribed by the physician. (Physician prescription attached.)

This medication is to be administered as ordered during the current school year. Any changes from the physician to the medication order will need to be given, in writing, to the school nurse.

The medication is furnished by me in the properly labeled original container from the pharmacy. I have provided the medication in the dosage ordered.

I hereby release the designated school personnel and the Board of Education of any liability relative to the administration and/or reaction of the medication on the above named student.

Parent/Guardian Signature

Home phone _____

Work phone _____

Cellular Phone _____

Beeper _____

Times and dosage of any and all medications taken at home