

**Kendall Central School
Medication Request Form**

Date _____

Student Name _____

Grade Level _____ Homeroom Teacher _____

Parent's Daytime Telephone Number _____

Address _____

I hereby request that my child, _____,
be give the following medicine as designated.

Name of medicine _____

Amount _____ Time of day _____

Number of days _____

Possible reaction if any:

This medication is to be administered by or under the direction of the school nurse.

Parent/Guardian signature _____

In accordance with New York State Department of Education regulations,
medication may be administered to your child during the school day if the
following are complied with:

1. **Written order from student's doctor.**
2. Parent must provide a written request to administer medicine.
3. Parent must deliver medicine directly to the school nurse.
4. School nurse will keep medicine in a locked drawer or file. Unused medication will be destroyed at the conclusion of the treatment if parent does not pick it up.
5. Parent must report any change of time or amount of dosage.
6. Medication must be in original prescription bottle with druggist label and directions affixed to the bottle.
7. Self-medication by the student is not permitted.