



MEDICATION NOTIFICATION

Dear Parent/Guardian,

If, at any time, it is necessary for your child to receive medication during school hours, the medication will be administered, only if the following conditions are met:

1. The attached Medication Permission Request Form must be completed for all medications. **This includes over-the-counter medication and prescription medication.** The **physician** must include the time, dosage and any side effects of the medication.
2. The above is accompanied by a signed request from the **parent/guardian** giving permission for the designated school authority to administer the medication. The parent's signature and daytime phone number should be written on the attached Medication Permission Request Form
3. **Over-the-counter medications must be received in the original, unopened container.** Prescription medication must be in the **original prescription bottle**, labeled by a registered pharmacist and stating the dosage of the prescribed medication and time the medication should be administered. (All pharmacies will make up a small bottle and label it for school.)
4. **An adult should bring all medications to school**, unless specific arrangements have been made with the health office.
5. The **Self-Medication Release Form** is attached. This form must be completed, in addition to the Medication Permission Request Form, if your child has received permission from your physician to carry and administer his/her own medication. ***It is recommended that all Middle School and Upper School students have the self-medication release form completed since students participate in overnight school trips during the year.***
6. A new medication request form must be submitted if there is any change in medication or dosage.
7. A new medication request form must be submitted at the beginning of each school year.

REMINDER: The Nurse Practice Act prohibits registered nurses from giving any medication, even Tylenol, without a written doctor's order. No medication is kept in the health office other than medication sent in by parents specifically for their child and accompanied by the Medication Permission Request Form, as stated in the parent/student handbook.

HAFTR Health Offices

Hebrew Academy of the Five Towns and Rockaway

33 Washington Avenue, Lawrence, New York 11559



MEDICATION PERMISSION REQUEST FORM

In accordance with the New York State Education Department regulations, all students who need medication during school hours must complete this form.

Name of student _____

Date of Birth _____

To Be Completed by Physician

Medication	Dosages per pill (mg)	Number of pills per dose	Total Dosage	Times A.M. P.M.	Reason/ Diagnosis

Date

Signature of Physician

Physician's telephone #

M.D. office stamp

Physician's name printed

To be Completed by Parent

I, _____, give permission for my child _____

To receive the above medication as directed.

Date _____ Parent's Signature _____

Home phone # _____ cell phone # _____

Beeper# _____ work # _____

Self Medication Release Form- -Recommended for all Medications especially **Epi-Pens and Inhalers**

Date: _____

This student _____ has been instructed in the proper use of the following medication procedure _____

We (physician signature and stamp) _____

and (Parent's signature) _____

request that (student's name) _____ be permitted to carry this medication on his/her person or keep this medication in his/her locker, as we consider him/her **responsible**. He/she has been instructed in and understands the purpose and appropriate method and frequency of use of this medication.

I, (Student signature) _____ agree to follow my doctor's instructions concerning the above named medication.