



Dear Parent/Guardian:

Due to a change in New York State Education Department regulations, the following medications will only be administered with your health care provider's written order and your written permission. A list of medications, which will be available in your school's Health Office, are listed below.

Please have your health care provider check the medications appropriate for your child. Only one student per form. Each student must have this individual medication order on file.

	<u>Comments</u>
_____ Acetaminophen - 325 mg - pain relief	_____
_____ Acetaminophen - 80 mg - liquid/chewable - pain	_____
_____ Antacid - liquid - relief of upset stomach	_____
_____ Bacitracin topical ointment	_____
_____ Benadryl topical cream	_____
_____ Benzalkonium - antiseptic solution	_____
_____ Calamine - relieves itching	_____
_____ Chloraseptic Spray	_____
_____ Cough Drops	_____
_____ Hydrocortisone topical cream 1%	_____
_____ Orajel - oral pain relief	_____
_____ Tums	_____
_____ Vaseline Lotion and Ointment	_____

Student Name _____ Date of Birth _____ Grade _____

Date _____ Health Care Provider's Signature _____ Telephone # _____

PHYSICIAN SIGNS HERE

*** Please print or stamp name** _____

Date _____ Parent/Guardian's Signature _____ Telephone # _____

PARENT SIGNS HERE