



## Mesivta Ateres Yaakov 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 & 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.
8. All medication must be taken home at the end of each school year. Medication can only be released to a parent.

**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.

Sincerely,

Monique Hagler, RN  
School Nurse

**Mesivta Ateres Yaakov**  
**MEDICATION PERMISSION REQUEST FORM**  
**2018-2019**

Class \_\_\_\_\_

**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 students in Middle and Upper Schools, especially for **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.

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