



Our Lady of Mercy Academy

Educating young women with Faith, Compassion, and Promise

Request for Administration of Medication During School Day

Syosset Central School District

Student Name: _____ Grade: _____

Home Address: _____ Age: _____

Our Lady of Mercy Academy Student ID Number: _____ Phone: _____

Dear Parent or Guardian:

In order for any medication, prescription or over-the-counter medicine, to be taken in school, state law requires a written request from a Physician indicating the medication, frequency, and the dosage of such medication. The nurse must also have on file a written request from the parent to administer the medication. A new form must be filled out for each change of medication and renewed each school year.

Part I To be Completed by Parent or Guardian

☐ I request that the School Nurse administer the medication as requested by my Physician to my child.

I will supply the School Nurse with the medication in a container, professionally labeled by the pharmacist, or for an over-the-counter medication in its original container labeled with the student's name and grade.

Signature _____

Relationship _____

Date _____

Daytime Telephone Number _____

Part II To be Completed by Physician

Student Name: _____ Date: _____

Name of Medication: _____

Dosage: amount to be given: _____

time to be given: _____

Side Effects: to report: _____

to expect: _____

Signature of Physician _____

Stamp of Physician _____

Date _____

Telephone Number _____