



FORM FOR PRESCRIPTION MEDICATIONS

Note to Parent/Guardian: The Bureau of School Health of the New York City Department of Health requires that all students who need prescription or over-the-counter medication during school hours must present the following information to the Nursing Office. The Nursing Office will distribute Tylenol, Advil and Tums with parental and medical consent.

1. Written order from the physician. (Part A)
2. Written consent from parent/guardian. (Part B)
3. Medication is in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.
4. Self- medication release form must also be completed.

Name of student: _____ Date of Birth: _____

PART A

(To be completed by physician)

Name of Medication(s): _____

Specific times to be given/taken in school: _____

Dose to be given: _____

Are there any restrictions? No _____ Yes _____ (Please explain)

Print Name of Physician: _____

Signature of Physician: _____ Date ____/____/____

PART B

(To be completed by Parent/Guardian)

I, _____, give permission for my daughter _____ to receive/take the above medication as directed.

Parent/Guardian's signature _____

Date: ____/____/____ Telephone: _____