

THE STONY BROOK SCHOOL 2009-2010 SCHOOL YEAR

Student's Name \_\_\_\_\_ Current Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dear Parent:

In order for medication to be taken in school by day students, New York State Law requires a written request from your family physician including frequency and the dosage. Also, the nurse must have on file a written request from the parent to administer the medication. A new form must be filled out for each change of dosage. This procedure must be repeated yearly for both day and boarding students.

\*\*\* To be completed by the Physician \*\*\*

Specific Diagnosis \_\_\_\_\_ Name of Medication \_\_\_\_\_

Dosage Amount \_\_\_\_\_ Time/Frequency \_\_\_\_\_

Route of Administration \_\_\_\_\_ Duration of Regimen \_\_\_\_\_

For prn (as necessary) medication: conditions under which medication should be given \_\_\_\_\_

Side effects to expect \_\_\_\_\_ to report \_\_\_\_\_

Unless indicated otherwise, the following conditions for medication administration are in effect:

- The physician and parent or guardian certify that the student has been instructed in the proper use of the above medication procedure and may self-administer the medication, unless the medication is a controlled substance, narcotic or anti-depressant.
- The physician and parent/guardian request that the student be permitted to carry the medication on his/her person or to keep the same in his/her locker as he/she is considered responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.
- Please note that certain medications such as **Adderall, Ritalin, antidepressants and narcotics must be kept at the Health Center.** Any medications that are in this category must be delivered directly to the school nurse in an original container, labeled by the pharmacist, and including the name of the medication. Please contact the Health Center with any questions.

\_\_\_\_\_  
Signature of Physician/title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Physician's name (printed) \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian and relationship to the student \_\_\_\_\_ Date \_\_\_\_\_