



SPENCERPORT CENTRAL SCHOOL DISTRICT

Department of Student Services
71 Lyell Ave - Spencerport, NY 14559

TIMOTHY O'CONNOR
Director
Phone: (585) 349-5151

Dear Parents,

Whenever possible, the district asks that all medications, prescription and non-prescription, be given at home. For medicines given in school, the State Education Department requires that physicians write a prescription for prescribed and over-the-counter (OTC) medicines. Therefore, **for any use of OTC medicine, a private health care provider note is required**, along with your written permission. [Note: laws may vary by state]

However, there are certain common OTC products without significant side effects that the school nurse might occasionally determine will comfort and ease your child through the school day. Nurses are unable to administer potentially soothing treatments for minor matters such as an itchy bug bite, dry skin, chapped lips, sore gums, minor headaches, menstrual cramps, etc. without written physician approval or script.

Therefore, you may return this document with your child's physician and parent signature giving permission to the school nurse to administer certain limited stocked OTC medicines. Please understand that if you do not sign this prior permission slip, and your child goes to the health office for help, the school nurse will not give your child these potentially soothing products.

Please complete the back of this form with the required information and return to the building nurse. (Please "x" location of school student attends)

<input type="checkbox"/>	Bernabi Elementary School – Fax #: (585) 349-5486
<input type="checkbox"/>	Canal View Elementary School – Fax #: (585) 349-5786
<input type="checkbox"/>	Munn Elementary School – Fax #: (585) 349-5586
<input type="checkbox"/>	Taylor Elementary School – Fax #: (585) 349-5786
<input type="checkbox"/>	Cosgrove Middle School – Fax #: (585) 349-5386
<input type="checkbox"/>	Spencerport High School – Fax #: (585) 349-5286

Our Mission is to educate and inspire each student to love learning, pursue excellence and use knowledge, skills and attitudes to contribute respectfully and confidently to an ever-changing global community.

I give permission for the school nurse to administer the following OTC products only as checked to my child for the **2022-2023** school year. (*permission must given each school year*)

Per manufacturer's instructions:

- ☐ Vaseline
- ☐ Unscented hand and body moisturizer
- ☐ Caladryl, Hydrocortisone for an itchy rash or insect bite
- ☐ Triple antibiotic ointment for minor skin cuts, abrasions, or wounds
- ☐ Cough drops for sore throat/cough
- ☐ Tums for indigestion (Grade 6-12 only)

Dosage amounts must be provided for the following:

- ☐ Acetaminophen (Tylenol) as needed for pain or fever
- Dosage - _____ mg every _____ hours**
- ☐ Ibuprofen (Advil, Motrin) as needed for pain or fever
- Dosage - _____ mg every _____ hours**
- ☐ Benadryl for suspected allergic reaction
- Dosage - _____ mg every _____ hours**

Student Name

Grade/Teacher

Parent Signature

Date

Daytime Phone

Physician Signature

Date

Phone Number

Reviewed by: _____
(To be completed by the Nurse)

Date

Effective August 2015- Updated September 2020

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