



Monsignor McClancy Memorial High School

71-06 31ST Avenue, East Elmhurst, NY 11370 718 898-3800 x 8

AUTHORIZATION FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION

New York State policy states that medication may be given to students only upon the written request of the student's physician and parent. Tylenol, and Advil in the indicated dosages below, will continue to be supplied by the school and will be administered to students who have provided us with the written permission from their physician and parent/guardian.

This form must be completed and returned to the school nurse before the medication can be administered. This form is good for the current school year only. A new form must be completed and signed each school year.

TO BE COMPLETED BY PHYSICIAN

Student's Name:

The following over-the-counter medications are available in the medical room.

Please check the appropriate box(es) for the medications the student may receive as needed for headache/stomachache/muscle pain/sore throat and earache.

Tylenol (650mg orally every 4-6 hours as needed)

Advil (400mg orally every 6 hours as needed)

Other medication student is currently taking:

I request that the school nurse administer the above medication as needed. Permission is also given for the nurse to contact the authorized prescriber as needed.

Physician's Signature:

Date:

Parent/Guardian's Signature

Date: