

Dear Parent(s) / Guardian(s),

New York State Law requires signed permission from parents or guardians, and prescription, from the child's physician, in order for any and all medications to be given at school. Here, in New Lebanon Central School District, our school physicians have agreed to write the necessary orders for the following commonly used medications. Please check the boxes next to each medication you child may have administered at school. Sign, date, and return this form to the school nurse.

	Triple Ant	tibiotic Oi	ntment									
	Cough Dr	ops										
	☐ Calamine Lotion / Caladry Ointment☐ Aloe Vera Gel											
	☐ Tylenol (3	325 mg tal	olets) swal	llow tabs								
		one	two									
	☐ Tylenol (8	0 mg chev	wable tabl	ets) (Elem	entary on	ly)						
		one	two	three	four	five	six					
	☐ Ibuprophe	en (200 m	g coated t	ablets)								
		one	two									
	☐ Tums	one	two									
	☐ Sunscree	n <u>PARENT</u>	rs must p	ROVIDE								
	ts are responsi livered to the N				for their c	hild if the	ey are use	d on a regu	lar basis.	These iter	ms MUST	
Thank	you for your c	ooperatio	n,									
	entary School H High School He											
	Child	d's Name		<u></u>								
					_							
	Pare	nt/Guardi	an		D	ate						
						PLEASE	SIGN SEP	ARATE SHE	ET FOR			
MD signature (Our school Dr. will sign)					E <i>A</i>	EACH						