



Smithtown Central School District

26 New York Avenue, Smithtown, New York 11787

Jason Lambert
Coordinator of Physical Education, Health, Athletics and Nurses
(631) 382-2100

Mark Secaur, Ed.D.
Superintendent of
Schools

Dear Parents/Guardians,

To ensure compliance with New York State laws and guidance regarding medication administration in schools, please be advised that district school nurses are no longer permitted to provide or dispense over-the-counter (OTC) medications or OTC topical products to students from the school health office.

This includes, but is not limited to: Vaseline/Aquaphor (petroleum products), calamine lotion, skin lotions/creams/ointments, witch hazel, contact lens solution, eye drops, etc.

New York State guidance requires that all medications, both prescription and over-the-counter, administered in school must have:

- A written order from a licensed healthcare provider, and
- Written permission from a parent/guardian.

To assist families, the district has created an **Over-the-Counter (OTC) Medication Order Form**, which is enclosed with this notice and is available on the district website under **Health Office Documents**.

If your child requires an over-the-counter (OTC) medication or OTC topical product during the school day, parents/guardians may bring the district's OTC Medication Order Form to the child's healthcare provider for completion and signature. A parent or guardian must also sign the form. The completed form must be returned to the school health office along with the parent-supplied OTC product before it can be used at school.

If you have questions please contact the Health Office at your child's school.

Thank you for your cooperation and understanding as we work together to ensure student safety and compliance with New York State requirements.

Sincerely,

Jason Lambert
Coordinator of Physical Education, Health,
Athletics and Nurses



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PHYSICIAN'S ORDER FOR GIVING MEDICATION IN SCHOOL

PUPIL'S NAME _____ ADDRESS _____

PARENT/GUARDIAN NAME _____

TO PHYSICIANS AND PARENTS OF CHILDREN REQUIRING MEDICATION IN SCHOOL:

In compliance with the rules and regulations of the New York State Education Department, you are requested to complete this form so the following over the counter medication may be administered in school to your child.

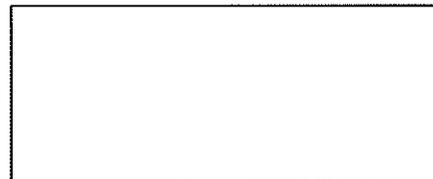
- Contact lens solution- for lens application and cleansing
- Calamine lotion- for bug bites, rashes, and comfort measures
- Witch Hazel- for skin irritation
- Cream or lotion- for dry skin, abrasions, burns
- Vaseline/A&D ointment/Aquaphor- for dry, chapped skin
- Mouthwash- for rinsing or cleansing mouth
- Salt water rinse/gargle

DOSAGE AND FREQUENCY _____

EFFECTIVE THE SCHOOL YEAR OF _____

Physician's Signature/Date

Physician's Telephone Number



Physician's Stamp

PARENT REQUEST TO SCHOOL TO GIVE MEDICATION

I, hereby request that my child, _____ be given the medication as prescribed by the physician. We, the parent/guardian, authorized the school to assist our child in taking medication and to administer stock over-the-counter medication from the school's supply. We agree that we will not hold liable any member of the school staff or an individual of official capacity who is directed by us (the parent/guardians) and the school administrator to assist our child in taking said medication. The parent/guardian will note the expiration date of medication and will supply new medication when it is due to expire during the school year.

Parent/Guardian Signature