HICKSVILLE PUBLIC SCHOOLS

MEDICATION PERMISSION

NAME	AGE
SCHOOL	
Dear Parent:	
In order for any medication to be taken in sch from your family physician including frequen medication. The school nurse MUST also have to administer medication. A new form must be	cy, the dosage and the side effects of the ve on file a written request from the parent
TO BE COMPLETED BY AND SIGNED BY	Y THE PHYSICIAN:
Specific diagnosis	
Name of Medication	
Duration of regimen	
Dosage - Amount to be given	
Time to be given	
Side effects to expect/report	
Date	Physician's Stamp:
Signature of Physician	
TO BE COMPLETED BY PARENT OR GU. I request that the school nurse administer the many child. I understand that I must deliver the container labeled by the pharmacist and this was signature of Parent or Guardian	medications requested by my physician to medication directly to the school nurse in a vill include the name of the medication.
Relationship to Student	
A	

IMPORTANT: Please submit a small picture of your child (a school photo would be excellent) to attach to the medication which is maintained in the nurse's office. This is to ensure that your child's medicine is always given to your child. This is especially important for the occasion when a substitute nurse is in the building. Your assistance in responding to this is greatly appreciated. If you have any questions please call the school nurse to discuss the situation. Thank you.