

**Saugerties Junior/Senior High School**  
**Call Box A**  
**Saugerties, New York 12477**  
**Telephone (845) 247-6650**  
**FAX (845) 247-6759**

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**Thomas J. Averill**  
**Principal**

Dear Parents:

Children are not permitted to take medication during school hours unless state requirements are met. These requirements have been made to safe-guard your child.

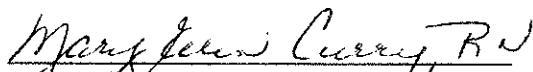
In order to give any medication in school, the school nurse must have on file the form provide on the back of this letter. Both parent and doctor must complete this form.

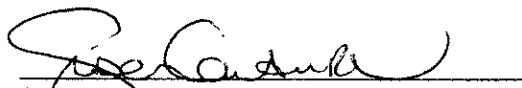
1. A written order from the physician, indicating the name of the drug, the amount or dosage to be given and the time it is to be administered.
2. A written note from the parent giving school personnel permission to give the child the medication as prescribed.

The above requirements include eye drops, eardrops, and over-the-counter medications such as Aspirin and Tylenol. The parent is responsible for bringing the medication to the school in the original container.

If you have any questions, please feel free to contact the school.

Sincerely,

  
\_\_\_\_\_  
Mary Ellen Curry, R.N.  
School Nurse

  
\_\_\_\_\_  
Susan Carter, R.N.  
School Nurse

MC/SC:lsm

SAUGERTIES CENTRAL SCHOOLS  
Saugerties, New York

*INSTRUCTIONS FOR GIVING MEDICATION IN SCHOOL*

TO BE COMPLETED BY PHYSICIAN

NAME OF STUDENT: \_\_\_\_\_

DATE OF ORDER: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

MEDICINE AND DOSAGE: \_\_\_\_\_

Time and Circumstance of Administration at School: \_\_\_\_\_

Can a reaction be expected?  If so, describe: \_\_\_\_\_

Other Recommendations: (including PRN or self-administration orders) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

TO BE COMPLETED BY PARENT

NAME OF STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I give permission for school personnel to administer \_\_\_\_\_  
(name of drug)

\_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

COMMENTS: