

**CORTLAND ENLARGED CITY SCHOOL DISTRICT
CORTLAND, NEW YORK**

To: Physicians and Parents of Children Requiring Medication in School

You are requested to complete this form so that required medication may be administered in school in compliance with the rules and regulations of the New York State Education Department.

Name of Child _____

Name of School _____ Grade _____

Name of Drug _____

Generic Name of Drug, if possible _____

Dosage and Frequency _____

Time Duration of Order _____ weeks _____ days _____ months

Date Order Effective _____

Expected Effect _____

Possible Side Effects _____

Comments:

Physician's Signature

Date _____

Address

PARENT REQUEST TO SCHOOL TO GIVE MEDICATION

I hereby request that my child _____
Full Name
be given the medication above as prescribed by the physician.

Parent or Guardian's Signature

Date _____

**Medication must be submitted in a labeled prescription bottle and accompanied with this form OR a written doctor's order and parental permission.