

**Rober E.Bell Middle School
Health Office
50 Senter Street
Chappaqua, NY 10514**

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MEDICATION PHYSICIAN FORM –NON PRESCRIPTION & PRESCRIPTION MEDICATIONS

***New York State Law requires this form to be FILLED OUT BY A PHYSICIAN and signed by parent in order for our nurses to dispense medication to your child when needed. Prescription meds must be in original labeled container brought in by a parent.

Student name: _____ **D.O.B.** _____ **Weight:** _____

DRUG	ROUTE	DOSAGE	SCHEDULE	PROVIDER ORDER	COMMENTS
Tylenol/ Acetaminophen	PO (chewable tabs elixir or tablet)	Per label instructions by, age/weight	Prn Q 4 h for pain or Fever >_____	Yes No	
Ibuprofen	PO (Suspension or tablet)	Per label instructions by age/weight	Prn Q 6-8 h for pain or fever >_____	Yes No	
Antacid (Mylanta, Maalox, Tums)	PO (liquid or chewable)	Per label instructions age/weight	Prn As per label instructions	Yes No	
Diphenhydramine (Benadryl)	PO (Liquid or tablet)	Per label instructions by, age/weight	Prn As per label instructions	Yes No	
Bacitracin/ Neosporin Ointment	Apply to affected area TID	Per label instructions	Prn As per label instructions	Yes No	
Medication:					
Medication//Inhaler					

Health Care Provider Name: (print) _____ **Signature:** _____ **STAMP**

Parent's Signature: _____ **Date:** _____

*****FOR EPIPEN & ASTHMA INHALER & DIABETES MEDS ONLY FILL OUT ATTESTATION BELOW***:**

OPTIONAL PERMISSIONS FOR INDEPENDENT MEDICATION CARRY AND USE AT SCHOOL

Health Care Provider Independent Carry and Use Permission: I attest that this student has demonstrated to me that they can self-administer this rescue medication affectively and may carry and use this medication independently at school with no supervision by school personnel.

Healthcare Provider Signature _____ **Date:** _____

Parent/Guardian Independent Carry and Use Permission (If Ordered by Provider Above): I agree my child can self-administer this rescue medication effectively and may carry and use this medication independently at school with no supervision by school personnel.

Parent Signature _____ **Date:** _____