Wellsville Central Schools Medication Information

Dear Parent/Guardian:

This is a reminder that according to New York State Law, students are not permitted to take medication, including Tylenol, at school without written directions from a doctor and a signed consent from the parent/guardian.

If it is necessary for a student to take medication at school, the school nurse must have a written order from the child's doctor, and written permission from the parent/guardian to give the medication. The medication must be delivered to the school by the parent/guardian; it is NOT to be sent with the child or in his/her lunch box, backpack, etc.

Please also remember that if your child has medication at school, it needs to be picked up at the end of each school year by the parent/guardian, or it may be discarded as space is limited for storage over the summer and often the medication may expire if not used.

If your child needs to take medication at school and you have questions or concerns in regard to this law, please call the school nurse. Medication forms are readily available and will be provided by any of the school nurses, upon request.

Rose Mary Vossler, RN Grades Pre-K or K, Grades 1, 2 Wellsville Elementary School 50-98 School Street Wellsville, NY 14895

Phone: (585) 596-2107 FAX: (585) 596-2120

Kathy Holla, RN Grade 6, 7, 8 Wellsville Secondary School

126 West State Street Wellsville, NY 14895 Phone: (585) 596-2147 FAX: (585) 596-2130 Heather Hoffman, RN Grade 3, 4, 5, and ICS Wellsville Elementary School 50-98 School Street Wellsville, NY 14895 Phone: (585) 596-2117

FAX: (585) 596-2114

Hope Gilfert, RN Grade 9, 10, 11, 12 Wellsville Secondary School 126 West State Street Wellsville, NY 14895 Phone: (585) 596-2167 FAX: (585) 596-2130

WELLSVILLE CENTRAL SCHOOLS PHYSICIAN'S MEDICATION ORDER Physician's order for medication to be given during school hours by the School Nurse at Wellsville Schools. Date & Time: _____ Student's Name: Student's Date of Birth & Address: Patient Diagnosis and/or Reason/Need for Ordered Service (ICD-10 Code): Name of medication: Dosage & method of medication: Time & frequency of medication: Duration of order: Doctor's Initials (for student permitted to SIGNATURE OF ATTENDING PHYSICIAN / NP / PA carry & self-administer an Epi-Pen or rescue inhaler while in school, or at school functions.) (ORDERING PROVIDER'S ADDRESS & TELEPHONE NUMBER AND NATIONAL PROVIDER IDENTIFIER (NPI) OR LICENSE NUMBER) I request the designated personnel give the above medication to my child. Medication must be brought to the School Health Office by the PARENT, not the student. The medication must be in a container with the prescription clearly marked (student's name, contents, dosage, and time.) Parent's Initials (for student permitted to carry and self-administer an Epi-Pen or rescue inhaler SIGNATURE OF PARENT / GUARDIAN while in school, or at school functions.) Record of medication dispensed (personnel dispensing - initial box below). Sept. Oct. Nov. Dec. Jan. Feb. March April May

June