



MANLIUS PEBBLE HILL SCHOOL
 5300 Jamesville Rd., Syracuse, NY 13214
 Phone: 315-446-2452 Health Office fax: 1-866-846-0684

MEDICATION PERMISSION FORM 2018-2019

This form is required for students to receive medications in the MPH Health Office. Forms must be signed by a parent and a Health Care Provider (HCP) licensed in New York State.

_____ / ____ / ____
 (Last Name) (First Name) (Grade in 2017-2018) (Date of birth)

New York State law requires that all students who are to be given prescription or non-prescription medications in school have a consent form on file in the Health Office. Medications must be delivered to the school nurse by an adult in their original containers. At no time should students be carrying medications except authorized rescue medications with appropriate permission signed. The following medications are available in the Health Office. Please check the boxes of those medications (and fill in the dosage) you wish your child to receive from the nurse at her discretion.

- Acetaminophen** (for headache, pain, menstrual cramps or fever)
 Regular Strength Tablet (325 mg) _____ every ____ hours
 Children’s Chewable (80 mg) _____ every ____ hours

- Ibuprofen** [for headache, pain, menstrual cramps or fever]
 Tablets (200 mg) _____ every ____ hours
 Children’s Chewable (100 mg) _____ every ____ hours

- Benadryl: Diphenhydramine** [for allergic reactions]
 Elixir (12.5 mg/tsp) _____ every ____ hours
 Tablets 25 mg. _____ every ____ hours

- Topical** (applied after local cleansing with soap and water)
 Calamine Lotion, Aloe Vera ointment (insect bites, dry eczema, hives, dry itchy red rashes)
 Antibiotic Ointment (minor scrapes, abrasions, burns)
 Insect sting swab

- Cough/Sore Throat Lozenges**
 _____ lozenge(s) every _____ hours

- OTHER** (must be provided directly to the Health Office. Please include medication name, dose, time to be given, route, & reason.)

 Parental Signature Daytime phone # Date

 Signature of New York State licensed Healthcare Provider (MD, DDS, NP, PA) Office phone #Date