

BOARD OF COOPERATIVE EDUCATIONAL SERVICES OF NASSAU COUNTY
HEALTH AND ALLIED SERVICES
MEDICATION PERMISSION REQUEST FORM

1/06

In accordance with New York State Education Department regulations, Nassau BOCES requires that all students who need medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian.
2. Bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.
3. Present a completed medication permission request form from the prescribing physician as follows:

Name of Student _____

Date of Birth _____ School _____

To Be Completed By Physician

| MEDICATION | DOSAGE | TIME AT SCHOOL |
|------------|--------|----------------|
| | | |
| | | |
| | | |
| | | |

Additional Comments: _____

The following side effects are common:

The following side effects should be reported to me:

Physician's Signature

Date

Physician's Name Printed

Physician's Telephone

To Be Completed By Parent

I, _____, give permission for my child to receive the above medication as directed.

Date

Parent's / Guardian's Signature

Telephone