



Amherst Middle School

Anthony J. Panella
Superintendent

John Griesmer, Ed.D.
Principal

Keith Crombie
Assistant Principal

Dear Parent/Guardian

In order to comply with New York State laws and the physician in the Amherst Central School District, we require the following instructions for administration of **non-prescription medications**. The medication must be in the **original package, properly labeled** with the child's first and last name along with **written permission and signature from the parent** for administration. Specific symptoms, for which the medication is to be administered, should be stated. Please indicate in the spaces before each over-the-counter medication, which you would like us to administer by simply putting a "X". After each medication please add special dosage instructions. For example: Acetaminophen (Tylenol) – 2 tablets as needed every 4-6 hours for headache. These listed over the counter medications will be the only medications that may be given without a child's medical providers written permission/order. Herbal/alternative remedies are not included in this provision. A new permission form will be required for each school year.

Student Name: _____

Parent/Guardian Signature: _____

Date: _____

Special Dosage Instructions

_____ Acetaminophen (Tylenol) _____

_____ Ibuprofen (Fever of 100 degrees or over is exclusion from school) _____

_____ Cough drops / Throat Lozenges _____

_____ Non-drowsy, alcohol-free decongestants _____

_____ Antacids _____

_____ Eye drops (e.g. saline, Visine)

PRESCRIPTION OR OTHER MEDICATIONS

All other medications require a parent/guardian AND Physician's signature.

Please pick up the correct forms in the Health Office.