



# NORTH ROSE - WOLCOTT CENTRAL SCHOOL DISTRICT

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Lucinda Miner.  
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Director of Curriculum  
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School Business Administrator  
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Coordinator of Pupil Services  
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In order to give your child medication in school, we are required by New York State law to have on file a written order from the doctor and a written request from the parent or guardian. Please ask your doctor to complete Part 1 of this form, then we ask that you complete Part 2. **Both parts should be returned to Mrs. Wilson, School Nurse at Florentine Hendrick School.**

**\*\*MEDICATION MUST BE IN A CONTAINER LABELED BY THE PHARMACIST. PLEASE ASK FOR TWO BOTTLES – ONE FOR HOME AND ONE FOR SCHOOL. MEDICATION AND REFILLS MUST BE BROUGHT TO SCHOOL BY A PARENT, GUARDIAN, OR RESPONSIBLE ADULT. NO CHANGES WILL BE MADE WITHOUT A PHYSICIAN’S WRITTEN ORDER.**

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PART 1 – PHYSICIAN’S ORDER

Please give \_\_\_\_\_ the following:

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Length of time to be given: \_\_\_\_\_

Physician’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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PART 2 – PARENT CONSENT

I request that the medicine prescribed by the above physician for:

\_\_\_\_\_ be given at school.  
Student’s Name

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_