

Syosset Central School District

Dr. Thomas L. Rogers
Superintendent of Schools

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Adele Bovard
Deputy Superintendent of
Schools

REQUEST FOR ADMINISTRATION OF OVER THE COUNTER(OTC) TOPICAL MEDICATIONS

Student's Name _____ School Year _____ Grade _____
Home Address _____ Phone # _____

Dear Parent:

The following non-prescription topical medications are stocked in the Health Office and are used on an as needed basis to manage injury and mild skin irritations. New York State law requires a written request from a physician indicating the use of such medications.

Please check off what medications should be given if needed.

<input type="checkbox"/> Contact lens solution	<input type="checkbox"/> First Aid ointment
<input type="checkbox"/> Eucerin	<input type="checkbox"/> Sting Relief
<input type="checkbox"/> Aquaphor	<input type="checkbox"/> Eyewash
<input type="checkbox"/> Antiseptic wash	<input type="checkbox"/> Aloe Vera
<input type="checkbox"/> Hydrocortisone cream	<input type="checkbox"/> Calamine

Parent/Guardian Signature _____

Physician Signature _____

Physician Stamp