

Syosset Central School District

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

Student's Name Age 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"/> Bacitracin/antibiotic ointment | <input type="checkbox"/> Hydrocortisone cream 1% |
| <input type="checkbox"/> Bactine | <input type="checkbox"/> Hydrocortisone cream .5% |
| <input type="checkbox"/> Benadryl cream | <input type="checkbox"/> Lubriderm |
| <input type="checkbox"/> Caladryl cream | <input type="checkbox"/> First aid cream |
| <input type="checkbox"/> Calamine lotion | <input type="checkbox"/> Hydrogen Peroxide |
| <input type="checkbox"/> Contact lens solution,
Saline solutions,
Liquid tears | <input type="checkbox"/> Sting Relief |
| <input type="checkbox"/> Eucerin | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Aquaphor | <input type="checkbox"/> Bausch & Lomb Liquid Tears/Eyewash |
| | <input type="checkbox"/> Zinc |

Parent/Guardian Signature

Date

Physician Signature

Physician Stamp