

**Career and Technical Education
Alternative Education
Innovative Programs**

Northern Catskills Occupational Center
P.O. Box 382, Grand Gorge, New York 12434
607-588-6291 FAX: 607-588-6808



2017 – 2018 School Year

Dear Parents:

Please complete and return the Confidential Emergency Information Form. The other attached forms are to be filled out by your health care provider and by the parent or guardian of the child to receive **ANY** medication, prescription or over the counter, while attending classes at NCOC.

Please note that the US Department of Education considers Benadryl, Ibuprofen, Tylenol, Inhalers, etc., illegal to be administered without the attached form completed by a doctor and parent. We apologize for the inconvenience.

For medication that is filled by the pharmacist, please ask for an additional labeled bottle to use for the medication that is kept at NCOC.

Medication that is improperly labeled will **NOT BE GIVEN**. Medication that is brought to NCOC that is properly labeled and accompanied by the physician's request with parental permission is the only medication that will be given. If the school nurse at the student's component school has the information, it can be copied and faxed to me at the NCOC Health Office.

If at the time of your doctor visit you do not have a physician request form, ask the doctor to state on a prescription pad the name of the medication, dosage, time to be administered at NCOC and the child's name.

All absences must be reported with a note, phone call or email by parent or guardian to me at jdegarmo@oncboces.org in order for your student to have a legally excused absence. The easiest way to notify me is via e-mail.

If you have any questions or concerns regarding this, please feel free to call me at (607) 588-6291, ext. 1213.

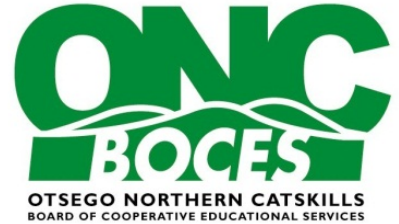
Respectfully,

John DeGarmo

Johnny DeGarmo, LPN
NCOC Health/Attendance Officer

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SELF- MEDICATION RELEASE FORM

Date: _____

Child's Name: _____

Has been instructed in the proper use of the following medication procedures:

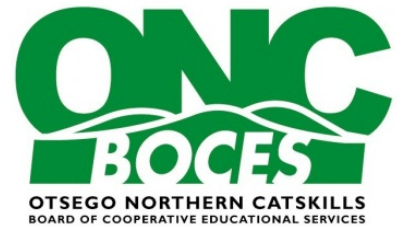
We (Physician's signature) _____

And (Parent or Guardian's signature) _____

Request that (child's name) _____ be permitted to carry the medication on his/her person, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

Note: This form must be completed in *addition* to the routine district medication form for those students who request permission to carry their own medication on campus.

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CONFIDENTIAL EMERGENCY INFORMATION FORM

Student Name: _____ Birth date: _____
School District: _____ School Year: _____
SS#: _____ NCOC Program: _____

Mailing Address: _____

Home Phone #: _____ Work Phone #: _____

Parent or Guardian with whom you reside: _____
Whom to notify in case of emergency (other than parent you live with):

Name: _____ Relationship: _____

Phone #: _____ City: _____

List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, and chronic conditions, or any other conditions of which the school should be aware:

Allergies (including food, drugs, insects, adhesive tape etc.) : _____

Medications (this includes any given at home or school): _____

Family Doctor: _____ Phone#: _____

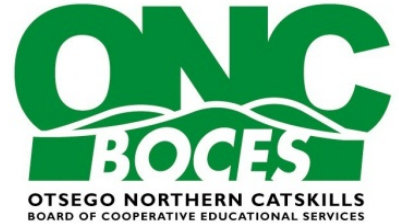
Address: _____

I authorize the administrators of ONC BOCES and school health office to contact directly the persons named on this paper. In the event physicians, or other persons named on this form, or parents cannot be contacted, the school officials are authorized to take whatever action is considered necessary, in their judgment, for the health of my child. I will not hold the school district or school health personnel financially responsible.

Students Name

Signature of Parent/ Guardian

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PHYSICIAN ' S REQUEST FOR ADMINISTRATION OF MEDICATION

Under certain circumstances, when it is necessary for a pupil to be medicated during the school day, the school health officer may cooperate with the family physician and parents.

We request, therefore, that you complete the following form for our records:

Student ' s Name: _____

Condition being treated: _____

Medication: _____

Frequency: _____

Special Instructions: _____

Physician ' s Signature: _____

Date: _____

PARENTS REQUEST FOR ADMINISTRATION OF MEDICATION DURING SCHOOL

Name of Child: _____

Time and dose to be given: _____

I release the school health officer or designated staff member and the Board of Education of the Northern Catskills Occupational Center of all liability relative to the administration and/or allergic reaction to the medication given to the above named child.

Parent/Guardian Signature: _____

Date: _____

Medication that is improperly labeled will **NOT BE GIVEN**. Medication that is brought to NCOC that is properly labeled and accompanied by the physician ' s request with parental permission is the only medication that will be given.

When the pharmacist fills the prescription, please ask for an additional labeled bottle to use for the medication that is kept at NCOC.

If you have any questions or concerns regarding this, please call me at (607)588-6291, ext 1213. **You may also e-mail me at jdegarmo@oncboces.org**

Thank you,
John DeGarmo

Johnny DeGarmo, LPN Health Office