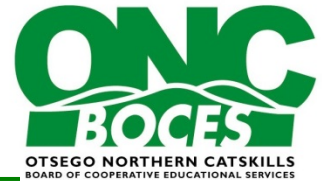


Career and Technical Education
Alternative Education
Innovative Programs



Northern Catskill Occupational Center
P.O. Box 382, Grand Gorge, NY 12434
607-588-6291
FAX: 607-588-6808

If you wish your child to have ANY medication during school hours, the State Education Department regulation **REQUIRES WRITTEN PERMISSION FROM YOU AND YOUR CHILDS HEALTH CARE PROVIDER.** This includes prescription and over the counter medications. This written permission must be renewed annually. This form needs to be filled out by you and the health care provider.

ONC BOCES nurse has permission to administer the following to my child:

STUDENT NAME _____ DOB _____

HOME SCHOOL _____ GRADE _____

Please circle as applicable:

YES NO Tylenol /Acetaminophen for headache or fever above 100.4 DOSAGE _____

YES NO Motrin / Ibuprofen for headache, pain or fever DOSAGE _____

YES NO Calamine Lotion for rashes, insect bites and minor skin abrasions

YES NO Antibiotic ointment / spray for minor lacerations or abrasions

YES NO Cough drops, Tums, Chloraseptic, Peroxide, Aloe, Saline Eye Wash

PERSCRIBED MEDICATIONS _____

ALLERGIES _____

Health care Providers Name _____ Signature _____ Date _____

Parent/Guardian's Name _____ Signature _____ Date _____

Parent/Guardian Phone _____ Cell _____ Alternate _____

FORMS FROM HEALTHCARE PROVIDERS ARE ACCEPTED. PLEASE MAKE SURE THEY HAVE ALL REQUIRED SIGNATURES AND ATTACH THIS FORM.FOR YOUR INFORMATION, FULL DAY STUDENTS SHOULD HAVE COPY OF VACCINES AND PHYSICAL EXAM. THANK YOU FOR YOUR TIMELY RETURN.