



Guide for Prescription and Non-Prescription Medication For School Age Children

In order for members of our Ashokan Center medical team to administer any over the counter medications or any of your child's prescription medication, the following requirements must be met.

New York State Education Law, Title 139, Section 6902

An order from a physician/medical prescriber is required for both prescription and non-prescription medications.



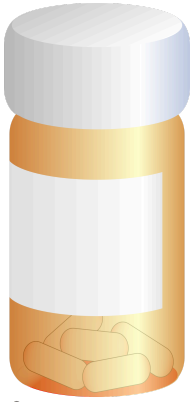
The Physician & Parent Medication Permission Form

MUST

- Be properly dated
- Have the student's name and date of birth
- Contain medication name
- Contain medication dosage
- Contain medication administration route (oral, nasal, topical, etc)
- Contain time and frequency the medication is to be administered
- Contain the conditions under which the medication is to be administered if applicable (after eating for example)
- Contain the medical physician/prescriber's name, title, and signature
- Contain the medical physician/prescriber's telephone number and address.
- Contain the medical physician/prescriber's office stamp
- The medical physician/prescriber's order must be in its original, unaltered form. Orders containing any edits render the order invalid
- A medical physician/prescriber's order is typically valid for 12 months from the date of its issuance unless the provider changes the order, writes the order for a shorter period of time, or discontinues the order

Ashokan Center PHYSICIAN & PARENT MEDICATION PERMISSION FORM				
SCHOOL NAME: _____		DATE OF BIRTH: _____		
STUDENT NAME: _____		PHONE NUMBER: _____		
PHYSICIAN NAME: _____		PHYSICIAN ADDRESS: _____		
<small>The following over-the-counter medications are available at The Ashokan Center, and can be administered as needed per label instructions for age and weight. Absolutely NO over-the-counter or prescription medications, supplements, vitamins, or topical treatments can be administered without physician or parent's signature. In accordance with New York State Education Law, Title 139, Section 6902.</small>				
Medications	Route	Dosage	Time and Indications	May be Administered
Children's Tylenol (acetaminophen)	By mouth (swallow or tablet)	Per label instructions by age and weight	Every 4 hours PRN pain or fever > 101°F	Yes No
Children's Motrin (ibuprofen)	By mouth (swallow suspension or tablet)	Per label instructions by age and weight	Every 4 hours PRN pain or fever > 101°F	Yes No
Benadryl (diphenhydramine)	By mouth (swallow tablets or capsules)	Per label instructions by age and weight	Every 4 hours PRN allergies or insect bites	Yes No
Claritin (loratadine)	By mouth (swallow suspension, or tablet)	Per label instructions by age and weight	Every 24 hours PRN allergies	Yes No
Calamine Lotion	By mouth (swallow)	Per label instructions	Apply 2-4 times daily as needed	Yes No
Band-Aids	Apply topically	Band-Aids Zinc Oxide 500 U	Apply 1-3x Daily PRN minor cuts	Yes No
Antacid (Tums)	Apply topically	Per label instructions by age and weight	Apply 1-3x Daily PRN minor cuts	Yes No
Hydrocortisone Cream 1%	Apply topically	Per label instructions	Apply 2-4x Daily PRN skin irritation	Yes No
Calamine Lotion	Apply topically	Per label instructions	As needed PRN itching	Yes No
<small>PHYSICIAN: Please document below current medication regimen including scheduled & PRN medications.</small>				
Medication	DOSAGE	FREQUENCY	TIME	COMMENTS

Please make sure the form has both the parent/guardian signature and the signature/stamp of the physician/prescriber.



All prescribed medication **MUST** be in a properly labeled pharmacy container specific to the listed medication and that student only. A parent may request an extra labeled medication container from their pharmacy in order to legally transport and safely administer medication during their child's stay at the Ashokan Center.

- Please provide only enough medication for the trip, plus one extra dose.
- All over-the-counter medications (OTC's) must be unopened, not expired, and in their original container. Sealed blister packaging is acceptable.

Any medications arriving without valid orders and/or improperly packaged, ie- ziplock bags, non-pharmacy issued containers or pharmacy containers containing medications other than what is listed on the label will be refused and returned to the school representatives attending the trip.

If you have any questions regarding medication administration or need to speak with a member of our Ashokan Center Medical Team, please email nurse@ashokancenter.org

or

call (845) 657-8333

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PHYSICIAN & PARENT MEDICATION PERMISSION FORM

SCHOOL NAME: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

PHYSICIAN NAME: _____ PHONE NUMBER: _____

The following over-the-counter medications are available at The Ashokan Center, and can be administered as needed per label instructions by age and weight. **Absolutely, NO** over-the-counter or prescription medications, supplements, vitamins, or topical ointments can be administered without a physician **and** parent's signature in accordance with **New York State Education Law, Title 139, Section 6902.**

PROVIDER: Please, indicate approval for administration by circling yes or no in the space indicated.

Medications	Route	Dosage	Time and Indications	May be Administered	
Children's Tylenol (Acetaminophen)	By mouth (elixir or tablets)	Per label instructions By age and weight	Every 4 hours PRN pain or fever > _____°F	Yes	No
Children's Motrin (Ibuprofen)	By mouth (elixir, suspension or tablets)	Per label instructions By age and weight	Every 4 hours PRN pain or fever > _____°F	Yes	No
Benadryl (Diphenhydramine)	By mouth (elixir, tablets or capsules) Apply topically	Per label instructions By age and weight	Every 6 hours PRN allergies, or insect bites	Yes	No
Claritin (Loratadine)	By mouth (elixir, suspension, or tablets)	Per label instructions By age and weight	Once Daily, PRN for seasonal allergies	Yes	No
Tums (Calcium Carbonate)	By mouth (tablets)	840 mg	Every 2 hours PRN acid indigestion	Yes	No
Bacitracin Ointment	Apply topically	Bacitracin Zinc 500 U	Apply 1--3x Daily PRN minor cuts	Yes	No
Antibacterial Ointment	Apply topically	Per label instructions By age and weight	Apply 1--3x Daily PRN minor cuts	Yes	No
Hydrocortisone Cream 1%	Apply topically	Hydrocortisone 1%	Apply 3--4x Daily PRN skin irritation	Yes	No
Calamine Lotion	Apply topically	Per label instructions	As needed PRN itching	Yes	No

PROVIDER: Please document below current medication regimen including scheduled & PRN medications.

MEDICATION	ROUTE	DOSAGE	TIME	COMMENTS

Physician/ Provider Signature: _____ Date _____ License # _____

Parent/Guardian Signature: _____ Date _____

OFFICE STAMP



ASHOKAN CENTER MEDICATION REQUIREMENTS

****BOTH PARENT AND PHYSICIAN SIGNATURES ARE REQUIRED OR FORM IS INVALID****

The following requirements must be met in order for the Ashokan Center to legally administer **any** medications including over-the-counter (OTC) ; consistent with the **NYS Department of Education law 6902**

- A valid medication authorization form.
- **A parent/guardian and physician signatures.**
- Medications properly packaged.
- *These are explained in more detail below :*

A valid medication authorization form- An order from the prescriber is required for **both prescription and non-prescription medications.**

The provider order **must** include the following information:

- Date order is written.
- Student name and date of birth
- Medication name.
- Medication dosage.
- Medication route.
- Time and frequency the medication is to be administered
- The conditions under which the medication is to be administered if applicable.
- The provider's name, title, and signature.
- Provider's telephone number and address.
- **Provider's Office stamp.** A provider order must be in its original, unaltered form. Orders containing any edits render the order invalid.
- A provider order is typically valid for 12 months from the date of its issuance unless the provider changes the order, writes the order for a shorter period of time, or discontinues the order. Medications will be administered per the physician's written orders only.

Medications properly packaged:

- All prescribed medication **MUST be in a properly labeled pharmacy container only.** A parent may request an extra labeled medication container from their pharmacy in order to legally transport and safely administer medication during their child's stay at Ashokan.
- Please provide only enough medication for the trip, plus one extra dose.
- All OTC medications must be unopened and in their original container. Sealed blister packaging is acceptable.

Any medications arriving without valid orders and/or improperly packaged will be refused and returned to school staff attending the trip.