

SEELY PLACE SCHOOL

Edgemont Union Free School District at Greenburgh
SCARSDALE, NEW YORK 10583

Edward J. Kennedy, Principal

TO BE COMPLETED BY PARENT

I request that the school nurse (or her designee) dispense the following medication _____ prescribed by

Dr. _____

to my child _____

[Date]

[Signature of parent]

TO BE COMPLETED BY PHYSICIAN [Please complete all sections]

Name _____ Date _____

Medication [include generic name if so ordered] _____

Frequency & exact dosage for this child _____

Side Effects _____

Approximate duration of treatment _____

Condition being treated _____

Signature of physician

Please be sure that the name of the medication on this request form exactly agrees with the name of the medication as it appears on the medicine container.