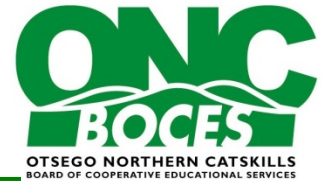


**Career and Technical Education  
Alternative Education  
Innovative Programs**



Otsego Area Occupational Center  
P.O. Box 57, Milford, New York 13807  
607-286-7715  
FAX: 607-286-9603

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.