MOUNT ST. MARY ACADEMY

5/20/2026

Dear Parent/Guardian:

If your daughter will be receiving any medication for the next school year it is important that you are aware of these guidelines.

- New medication forms for both prescription and over the counter (OTC) **medications must be signed every year by a healthcare provider and parent/guardian.**
- Medications must remain in the **properly labeled pharmacy or original OTC container.**
- **The parent/guardian is responsible to have the medication delivered directly to the school** in a properly labeled original container by an adult. Please do not send the medication in with the student.
- If your child has rescue medications for respiratory conditions, epinephrine auto-injector, or insulin, glucagon, and related diabetes supplies, there must be **a provider written permission which includes an attestation that the student has demonstrated the ability to self-administer and written parent/guardian consent.** For other conditions, your child **may** be able to self-carry and self-administer but we will need **written permission from both you and your provider.**

We request that you ask your pharmacist to give you a **second identical labeled container** for any prescription medications your student will take at school. We also request that you bring **small containers of any OTC medications** that your child will take. This will allow the School Nurse to send these medications on field trips and comply with New York State laws pertaining to medication storage.

Any OTC medications taken in school, either those self-administered or those administered by the nurse require a physician's order, as well as your permission. This includes items such as Tylenol, Motrin, Midol, Cough Drops etc.

I am enclosing copies of the school forms for medication administration and self -medication administration. Additional forms may be obtained from the School Health Office. Your healthcare provider may use their own form if desired.

Thank you,

Eleanor Murcko, LPN

School Nurse, Mount St Mary Academy

Phone #: 716 877-1358 Fax #: 716 877-0548 Email: nurse@msmacademy.org

Mount St. Mary Academy
3756 Delaware Avenue
Kenmore, NY 14217
(716) 877-1358 or fax (716) 877-0548

Prescription and Over-the Counter Medication Permission Request

Note to Health Care Provider/Dentist

Your cooperation is requested to help us care for your patient and to comply with School Health Service Medication Guidelines mandated by New York State.
Please make every effort to recommend administration of medication, particularly controlled substances, outside the school setting. Should you decide that your patient requires administration of medication during school hours, we will comply with your written instructions.

To Whom It May Concern:

The student: _____
(Name of Student

Who attends: Mount St Mary Academy
(School)

Is receiving: _____
(Medication)

For the treatment of: _____
(Disease)

For the period of: _____
(Dates)

And should receive: _____ at _____
(Medication) (Times)

Possible side effects: _____
(Side effects)

_____ _____
Date Signature of Health Care Provider

_____ _____
Telephone Print name of Health Care Provider

Note to Parent/Guardian:

1. Present this completed form to your child's school nurse with your signature authorizing the approval of your Health Care Provider's orders to administer the above medication to your child at school and school-related activities during the regular school hours.

2. To ensure the safety of your child and others, **do not send the medication to school with your child. Bring the medication in the original labeled container.** (This applies to prescription and/or over-the counter medications.)

I have read my health care provider's instructions and request that the school nurse comply with these orders.

_____ _____
Date Parent/Guardian Signature

Mount Saint Mary Academy

SELF MEDICATION RELEASE FORM

Date: _____

Student Name: _____ Date of Birth: _____

This student has been instructed in the proper use of the following medication procedures:

_____

_____

_____

_____

_____

_____

The Healthcare Provider and Parent signatures below indicate a request that this student be permitted to carry the medication on his/her person or to keep same in his/her locker or P.E. locker, on a field trip, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

Healthcare Provider's Signature _____

Parent/Guardian's Signature _____

NOTE: **This form must be completed in addition to routine district medication form for those students who request permission to carry their own medication on campus or keep this medication in a P.E. locker or take meds on a fieldtrip.**