



ARLINGTON CENTRAL SCHOOL DISTRICT

144 Todd Hill Road • LaGrangeville, NY 12540

Phone: 845-486-4460 • Fax: 845-486-4457

End of Year Medication Pick-Up Information

Dear Parent/Guardian:

Date: _____

Student Name _____ Teacher _____ Grade _____

The end of the school year is quickly approaching. New York State regulations require all medication left at school at the end of the school year be discarded. This includes inhalers and Epi-pens. Only children who have current permission to self-carry medication bring the medication home themselves. If you need to make special arrangements to pick up medication, please call to make arrangements. Medications not picked up, will be disposed on _____.

For your convenience in preparing for next year, a medication form is enclosed.

New York State Law requires that:

- New medication forms for both prescription and over-the-counter (OTC) medications must be signed by the provider and parent annually. Orders are good for one year from the date they are written.
- The parent must sign the medication permission form.
- Medication must remain in the properly labeled pharmacy or original OTC container.
- Parents or guardians must personally deliver all medication to the school health office (unless a self-carry order form is signed by **parent and physician**).
- If your child's provider has determined that your child may self-carry and self-administer medication, please have your healthcare provider complete the appropriate portion of the medication form which requires provider consent. Parent signature is also required.

We request that you ask your pharmacist to give you a **second identically 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 student 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. Medication forms are available on the district web site or may be obtained from the school health office. Physicians may use their own forms if desired.

Thank you in advance for your cooperation,

School Nurse: _____ School: _____

Phone: _____