Uniondale Public Schools

Student Health Services
933 Goodrich Street
Uniondale, NY 11553

William K. Lloyd
Superintendent of Schools

Emmanuel St. Louis, MD
District Physician

Sylvia Kallich,R.N
District Supervisor

California Avenue School
918-1880

Cornelius Court
918-2319

Grand Avenue School
918-2125

Lawrence Rd. Middle School
918-1578

Northern Pkwy. School
918-1707

Smith Street School
918-2026

Turtle Hook Middle School
918-1381

Uniondale High School
560-8893
560-8850
560-8849

Walnut Street School
918-2219

A. To be completed by the parent or guardian:

I request that my child ____________________________Grade ___________ receive the medication as prescribed below by our health care provider. The medication is to be furnished by me in the properly labeled original container from the pharmacy*. I understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips.

Signature (Parent or Guardian): ____

Telephone: Home _________________ Work _______________Cell_______________

Date _____________

B. To be completed by health provider: Date: ________________________

I request that my patient, as listed below, receive the following medication:

Name of Student __________________________________ DOB ___________________

Diagnosis: ____

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE

Duration of Treatment:

Possible Side Effects and Adverse Reactions (if any):

Health Provider's Signature____________________________Health Provider's Stamp

Address: _______________________________________ Phone:____________________

*Medication must be in the original pharmacy labeled container with specific orders and name of medication.
*Medication and refills must be brought to school by a parent, guardian or responsible adult.

Plan reviewed with parent(s)/guardian(s):

Parent Signature:____Date:______________________

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