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South Country Central School District

TOWN OF BROOKHAVEN - COUNTY OF SUFFOLK

STUDENT SUPPORT SERVICES

2714 Montauk Highway
Brookhaven, NY 11719
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Fax: 631-286-4914

**SUPERINTENDENT
OF SCHOOLS**

JOSEPH L. CIPP, JR.
631-730-1510
FAX 631-286-6394

**DIRECTOR STUDENT SUPPORT
SERVICES**
JACK P. COLOMBO

**ASSISTANT DIRECTOR
STUDENT SUPPORT SERVICES**
THERESA MCGUIRE

PARENT AND PRESCRIBER'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

To be completed by the parent or guardian:

I request that my child _____ grade _____ receive the medication as prescribed below by our licensed health care prescriber. 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.

Date: _____

Signature (Parent or Guardian): _____

Telephone Home _____ Work _____ Cell _____

To be completed by the licensed health care prescriber:

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

Name of Patient: _____

Name of medication: _____

Prescribed Dosage, Frequency and Route of Administration: _____

Time to be taken during school day: _____

Duration of Treatment: _____

Possible side effects and adverse reactions (if any): _____

Other Recommendations: _____

Name of Licensed Prescriber and Title (please print) _____

Prescriber's Signature _____ Date _____

Address _____ Phone _____

NURSES

High School
Jennifer Wharton
631-730-1580

Middle School
Linda Reichert
631-730-1633

Frank P. Long
Robin Kinigson
631-730-1736

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Paula Tirelli
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631-730-1652

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