

Meadowmount School of Music

For on-campus students

Dear Meadowmount Students and Parents,

The New York State Department of Health has a strict policy, described below, regarding the administration of medications and completed medical forms. The medication policy will affect all students bringing prescription medication and non-prescription medications. Please read this carefully and follow the instructions to return all forms to the Admissions Office no later than the May 15th deadline or a late processing fee of \$50 will be applied.

Sincerely,
Mary McGowan
Admissions Director

➤ **FOR STUDENTS UNDER AGE 18 AND COUNSELORS LIVING WITH MINORS:**

*All prescription medications and non-prescription medications must be **given** to the nurse upon student's arrival at school and may **NOT** be kept with the student. Epi-pen or inhalers may be kept with student, make sure your health care provider writes the order for them on form #1 and state that the child may keep them at all times.*

-For all your prescription medications, you or your health care provider must list each medication you will be bringing to school on the following **Prescription Form #1**. Your Physician, Physicians Assistant or Nurse Practitioner must sign the form that will permit our nurse to administer the medication. List ONLY those prescription medications that you or your child will actually bring to school, as it will be assumed that the student will bring all medications listed on this form. If you list a medication on this form and you or your child does not have the medication when you check-in with the nurse, it will be necessary for us to determine the location of the medication. Either by having the student find it, calling the parent to see where the medication is, checking the students' luggage, or calling the physician. The Health Department is requiring that our medical staff accurately account for all missing medications, whether it happens upon arrival or during the session.

-For all your non-prescription medications you must list each medication you will be bringing to school on the following **Non-prescription Form #2**. Your Physician, Physicians Assistant or Nurse Practitioner must sign the form that will permit our nurse to administer the medication. They may also fill out and sign **Form #3 that lists the medications available in our infirmary for your use**. If the school does not receive Form #3 then we can not dispense our medications to your child and they would have to go to the emergency room or clinic for treatment of minor issues at your expense.

➤ **FOR STUDENTS OVER AGE 18:**

The New York Department of Health prefers that all students turn in prescription and non-prescription medications to the nurse upon student's arrival at school for public health safety reasons.

-For your prescription medications, legally, you may keep your prescription medications with you. However, the New York State Department of Health prefers you turn these medications into the nurse for public health safety reasons. If you decide to follow their request then you or your health care provider must list each medication you will be bringing to school on the following **Prescription Form #1**. Your Physician, Physicians Assistant or Nurse Practitioner must sign the form that will permit our staff to administer the medication. List ONLY those prescription medications that you will actually bring to school, as it will be assumed that the student will bring all medications listed on this form. If you list a medication on this form and you do not have the medication when you check-in with the nurse, it will be necessary for us to determine the location of the medication. Either by having you find it, checking the students' luggage, or calling the physician. The Health Department is requiring that our medical staff accurately account for all missing medications, whether it happens upon arrival or during the session.

-For your non-prescription medications, legally, you may keep your non-prescription medications with you. However, the New York State Department of Health prefers you turn these medications into the nurse for public health safety reasons. If you decide to follow their request then you must list each medication you will be bringing to school on the following **Non-prescription Form #2**. Your Physician, Physicians Assistant or Nurse Practitioner must sign the form that will permit our staff to administer the medication. They may also fill out and sign the **Form #3 that lists the medications available in our infirmary for your use**. If the school does not receive Form #3 then we cannot dispense our medications to you and you will have to purchase your own.

FORM #1

Meadowmount School of Music 2010

Individualized Standing Orders for Prescription Medication for:

Student Name _____ **DOB** _____

Please complete with child's current regimen for both scheduled and prn medications. **List ONLY the medications that they plan to bring to school.** If a drug(s) is listed here and they do not bring it then, it will become necessary to do a time consuming search for the drug. Please indicate if the student may keep their EpiPen and inhaler with them.

DRUG	ROUTE	DOSAGE	SCHEDULE & INDICATIONS	COMMENTS

Medications must be supplied in the original properly labeled pharmacy container and not expire before August 14, 2010. All other Nursing orders (i.e. cast care, dressing changes, heat/cold therapy, etc.) are to be listed below. Please note that our nurse cannot administer allergy shots.

Other orders:

The following information is required:

Physician's Name _____ License # _____

Physician's Signature _____

Address _____

Phone # _____ After Hours: _____

Original form must be received by **May 15:** Meadowmount School of Music
1424 Country Route 10
Westport, NY 12993

FORM #2

Meadowmount School of Music 2010

Individualized Standing Orders for Non-prescription Medication for:

Student Name _____ **DOB** _____

This form is for non-prescription drugs that a student plans to bring with them

List ONLY the medications that they plan to bring. If drugs are listed here and you do not bring them, it will become necessary to do a time consuming search for the drug.

DRUG	ROUTE	DOSAGE	SCHEDULE & INDICATIONS	COMMENTS

Medications must be supplied in the original properly labeled container & not expire before Aug. 14, 2010

The following information is required:

Physician's Name _____ License # _____

Physician's Signature _____

Address _____

Phone # _____ After Hours: _____

Original form must be received by **May 15**: Meadowmount School of Music
1424 Country Route 10
Westport, NY 12993

FORM # 3**Meadowmount School of Music 2010**

Student Name _____ DOB _____

Individualized Standing Orders for Non-prescription Medication not brought by the Student*

*The following medications are available in the infirmary and will be administered at the discretion of a RN if the child's Health Care Provider circles their approval. (If the school does not receive this form then, we cannot dispense any of the following medications to the student and they may need to be taken to an emergency room for treatment at their own expense.)

DRUG	ROUTE	DOSAGE	SCHEDULE & INDICATIONS	CAN BE Administered	COMMENTS
Tylenol	PO elixir or tabs	Per label as To age/wgt	Q 4h prn Pain or fever	YES NO	
Ibuprofen	PO tabs, suspension	Per label as To age/wgt	Q 6hr prn Pain or fever	YES NO	
Robitussin/Tussin Expectorant	PO Syrup	Per label as To age/wgt	Q 4h prn cough	YES NO	
Benadryl	PO elixir or capsules	Per label as To age/wgt	Q 6 h prn allergic reaction	YES NO	
Sudafed	PO elixir or tabs	Per label as To age/wgt	Q 4 h nasal congestion	YES NO	
Benadryl Gel	Gel, Spray, Cream	Per label	Prn insect bites	YES NO	
HydroCortisone Cream 1%	Cream	Per label	PRN poison ivy, insect bites	YES NO	
Bacitracin	Topical	Per label	PRN minor wounds/burns	YES NO	
Aloe	Liquid, Spray, Gel	Per label	PRN Sunburn	YES NO	
Cepacol/Sucrets	Lozenges	Per label	PRN sore throat	YES NO	
Tums	Tablets	Per label	PRN stomach discomfort/heartburn	YES NO	
Immodium A-D	Liquid tabs	Per label To age/wgt	PRN diarrhea	YES NO	

The following information is required for dispensing of these items:

Physician's Name _____ License # _____

Physician's Signature _____

Address _____

Phone # _____ After Hours: _____

Original form must be received by **May 15**: Meadowmount School of Music
1424 Country Route 10
Westport, NY 12993