Scarsdale Elementary Schools

Edgewood	Fox Meadow	Greenacres	Heathcote	Quaker Ridge
Jeanne Duffy, RN	Cliona Cronin, RN	Nancy McGlynn, RN	Margaret Turiano, RN	Siobhan Tobin, RN
Tel: 914-721-2705	Tel: 914-721-2725	Tel: 914-721-2745	Tel: 914-721-2765	Tel: 914-721-2785
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jduffy@scarsdaleschools.org	ccronin@scarsdaleschools.org	nmcglynn@scarsdaleschools.org	mturiano@scarsdaleschools.org	stobin@scarsdaleschools.org

(Please **CIRCLE** school.)

Parent and Physician's Authorization for Administration of Medication in School:

Student: ____________________________________ D.O.B.: ____________________ Grade: _____

This is to certify that the above student may take:

Medication	Dosage	Frequency	Route of Administration

The medication must be given to the school nurse in its properly labeled original container.

Parent's Signature ____ Date ___________________
(required)

– AND –

Physician's Signature ____ Date ___________________
(required)

PHYSICIAN'S Address stamp:

Tel: ________________________