

MEDICATION ORDER

(To be completed by a licensed Prescriber,
Physician, Nurse Practitioner, or other authorized by Chapter 94C)

Please return to School Nurse

Name of Student _____ Date of Birth _____

Address _____ Grade _____

Name of Licensed Prescriber _____ Title _____

Business Telephone Number _____ Emergency Telephone Number _____

Medication _____

Route of Administration _____ Dosage _____

Frequency _____ Time(s) of Administration _____

(Please note: Whenever possible, medication should be scheduled at times other than school hours.)

Specific directions or information for administration: _____

Date of Order _____ Discontinuous Date _____

Diagnosis _____

Consent for self-administration (provided the school nurse determines it is safe and appropriate).

Yes _____ No _____

Signature of Licensed Prescriber

PARENTAL CONSENT

1. I give permission to have the school nurse or school personnel designated by the school nurse give the following medicine _____
(Name of medication and dose)

Prescribed by _____ (Licensed Prescriber) to _____ (Name of Student)

2. I give permission for my son/daughter to self-administer medication if the school nurse determines it is safe and appropriate.

Yes _____ No _____

3. I give permission to the school nurse to share with the appropriate school personnel information relative to the prescribed medication administration, e.g., adverse side effects, as she/he determines necessary for my son's/daughter's health and safety.

Yes _____ No _____ Any Restriction on Release _____

(Please note: I understand that I may retrieve the medicine from the school at any time and that the medicine will be destroyed if it is not picked up within one week following the termination of the order or one week beyond the close of school.)

Signature of Parent/Guardian _____

Relationship to Student _____ Date _____

Please return to the School Nurse at your child's school:

Placentino Elementary School	235 Woodland Street, Holliston, MA 01746	Phone:508-429-0689	Fax:508-429-0698
Miller Elementary School	235 Woodland Street, Holliston, MA 01746	Phone:508-429-0670	Fax:508-429-0699
Robert Adams Middle School	323 Woodland Street, Holliston, MA 01746	Phone:508-429-0659	Fax:508-429-1432
Holliston High School	370 Hollis Street, Holliston, MA 01746	Phone: 508-429-0682	Fax:508-893-6053