

DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT

Medication Order

(to be completed by Physician, Nurse Practitioner, or others as authorized by Chapter 94C)

Name of Student _____ Please print _____ DOB _____

Address _____
(street) (city/town) (zip)

Emergency Telephone _____ Work Telephone _____

Name of Licensed Prescriber: _____

Diagnosis* _____
*if not in violation of confidentiality

Medication _____ Dosage _____

Frequency/Time _____
(whenever possible, medication should be scheduled at times other than school hours)

Date of Order _____ Discontinuation Date _____

Any other medical condition(s) _____

Optional Information

1. Special side effects, contraindications, or possible adverse reactions: _____

2. Other medication taken by student _____

3. The date of the next scheduled visit or when advised to return to prescriber: _____

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

Yes No

Signature of Licensed Prescriber

Dudley-Charlton Regional School District
Written Parent/Guardian Consent
For Medication Administration

General Information

Name of Student: _____ Date of Birth: _____

School: _____ Grade: _____

Name of Parent/Guardian: _____

Address: _____

Home Telephone #: _____ Work Telephone #: _____

Please note any other medication the child is currently receiving:

Please note any allergies: _____

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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: _____

Physician: _____

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

Yes _____ No _____ Any restrictions 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 beyond the close of school.)

Signature of Parent/Guardian: _____

Relationship to Student: _____ Date: _____