

LEARNING PREP SCHOOL
1507 Washington Street, West Newton, MA 02465
Tel. (617)965-0764 Private Fax (617)244-1921

Medication Permission Form

*This form **must** be completed by the physician/ licensed prescriber **and** parent.*

MEDICATION ORDER

Physician/Licensed Prescriber: *Please complete this form if this student must take the prescribed medication during school hours.*

Student's Name: _____ DOB _____/_____/_____

Diagnosis _____

Medication _____ Dosage _____ Time _____

Duration _____ Possible Side Effects _____

Specific Instructions _____

Student using an Epi-Pen or inhaler:

Has the student been instructed to self-administer? YES *or* NO

May this student self administer? YES *or* NO

Physician/Licensed Prescriber Name/Title

Address

X

Physician/Licensed Prescriber Signature

Telephone

Fax

PARENTAL PERMISSION

Parent or Guardian:

I, the undersigned, give permission to the school nurse to administer to or to supervise my child in taking medication during school. I understand that school personnel are not responsible for any problems arising from the taking of this medication, its side effects (if any) or for the omission of medication. I hereby authorize the designated, trained staff member to administer the medication to my child in the event that the nurse is attending to a prior emergency.

X

Parent/Guardian Signature

Telephone

Date

Student Signature (if over 18yrs of age)

Parent **email** address _____

To be given on half day (dismissal at 11:30)? YES *or* NO

Under Massachusetts General Laws (M.G.L.) Chapter 112, 80B, a licensed nurse must have a medication order from a physician, dentist, nurse practitioner, or physician's assistant in order to administer any medication, whether it is a prescription drug or over-the-counter medication.