



NORTH MIDDLESEX REGIONAL HIGH SCHOOL

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2013-2014 MEDICATION PERMISSION FORM

This form is to be completed by physician and parent for any medication to be dispensed at school.

Under Massachusetts General Laws (M.G.L.) Chapter 112, Section 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.

Physician's Order

Physician:

Please complete this form if the below named student must take prescribed medication during school hours, as you require it to be administered more than three times a day and it cannot be given at home only.

Student's Name _____

Diagnosis _____

Medication prescribed _____

Dosage prescribed _____

Time during school day to be given _____

Duration of medication (start date/end date) _____

Additional comments _____

Physician's Name (please print) _____

Physician's Phone Number _____ Date _____

Physician's Signature _____

Parent or Guardian:

I, the undersigned, give permission to the School Nurse to administer the above named medication to my child. 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 further agree to indemnify and hold harmless the School Committee and its agents and servants against all claims as a result of any or all acts performed under this authority.

I do _____ do NOT _____ give permission to the teachers at NMRSD to administer the above medication to my child if he/she is out of the school building during a field trip in accordance with MDPH limited delegation waiver.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

