Dover Sherborn Prescription Medication Administration Form

This form is to be completed by a physician/prescriber and parent/guardian before any prescription medication can be administered in school. Each medication requires a separate form. In some cases the original pharmacy container holding the prescribed medication may be used as the physician/prescriber order for if the medication is for short term use only.

PHYSCIAN/PRESCRIBER

Name of Student ____________________________________ DOB ______________

Name of Licensed Prescriber _____________________________
Address ____ Phone ______________________

Medication ____

Dosage ___________________ Route _______________
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: _________________________ Discontinue Date:________________________
Diagnosis: ____
Other Medical Conditions: ____
Special side effects, contraindications, or possible adverse reactions to be observed:
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(**Medication orders for school administration expire at the end of the school year. New orders are required to continue medication into the next school year.**)

Signature of Licensed Prescriber ____

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PARENT/GUARDIAN

I consent to the School Nurse or school personnel designated by the School Nurse to administer the medication as prescribed. I give permission to the School Nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my sons/daughter's health and safety. I understand that the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

My child has the following food or drug allergies: _____________________________________
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Signature of Parent/Guardian _____________________________________ Date ___________
Telephone (H) ____________________________ (W) ______________________________
(C) ____________________________