

Our Lady of the Angels Elementary School

1220 Main St.

Worcester, MA 01603-1899

Telephone: (508)752-5609 Fax: (508)798-9634

LICENSED PRESCRIBER

MEDICATION ADMINISTRATION REQUEST

(For all prescription and non-prescription medication)

Student: _____ Date of Birth: _____ Grade: _____

Medication _____ Dosage: _____ Route: _____

Frequency: _____ Time(s) of Administration in school: _____

Specific directions or information for administration: _____

Side effects: _____

Date of Order: _____ **Discontinuation Date:** _____

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

Consent for self-administration (provided the school nurse determines it is safe and appropriate). Yes _____ No _____

Diagnosis: _____ Other medical conditions _____

(If not in violation of confidentiality)

(If not in violation of confidentiality)

Printed name of Physician(legibly)

Signature of Physician

PARENT/GUARDIAN

My son/daughter has the following food or drug allergies: _____

I consent to have the school Nurse administer the medication prescribed by the above licensed prescriber.

_____ Yes _____ No

I give permission for my son/daughter to self-administer medication, if the School Nurse determines it is safe and appropriate. _____ Yes _____ No

I give permission to the School Nurse to share information relevant to the prescribed medication as he/she deems appropriate. _____ Yes _____ No

I have read the following requirements for medication administration by the School Nurse:

Medication must be in the original prescription bottle and properly labeled.

Students under the age of 18 are not allowed to carry/transport any medication, including Tylenol, to and from school.

Parent/Guardian must bring in the medication and pick it up at the end of the school year.

State law mandates any medication not picked up must be destroyed.

Medication orders are in effect for the present school year/summer school program only.

Parent/Guardian Signature: _____ **Date:** _____

