

**CONCORD PUBLIC SCHOOLS
CONCORD CARLISLE REGIONAL SCHOOL DISTRICT**

**THIS FORM IS TO BE COMPLETED BY PHYSICIAN AND PARENT
FOR ANY MEDICATION TO BE DISPENSED IN SCHOOL**

Under Massachusetts general Laws (MGL) 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:

Please complete this form on below named student for prescribed medication that must be administered during school hours, more than three times a day, and cannot be given only at home.

Student's name _____ D.O.B. _____ Grade _____

Diagnosis _____

Food and/or drug allergies _____

Medication prescribed _____

Dosage prescribed _____ Route prescribed _____

Frequency _____ Time(s) during day to be given _____

Potential side effects _____

Discontinuation date _____

Other Medications currently taking _____

Consent for self-administration (if the School Nurse determines it is safe and appropriate) Yes _____ No _____

Physician's signature

Date

Telephone number

Parent or Guardian:

I, the undersigned, give permission to the School Nurse/Designee to administer the above named medication to my child.

I give permission for my son/daughter to self-administer the above medication if the School Nurse determines it is safe and appropriate.

Yes _____ No _____

I understand I may retrieve the medication from the school at any time, however 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

Parent/Guardian Signature

Date

Telephone number(s)