

WESTBOROUGH PUBLIC SCHOOLS

MEDICATION ADMINISTRATION AUTHORIZATION/AGREEMENT
For Prescription AND Over-the-Counter Medications

Student _____ D.O.B. _____ Grade _____

----- TO BE COMPLETED BY LICENSED MEDICAL PRESCRIBER -----

Medication _____ Dose/Route _____ Time _____ Interval _____

Tablet/capsule Liquid Inhaler Injection Nebulizer Other _____

Diagnosis for which medication is prescribed: _____

Start date: _____ Discontinuation date: _____

Significant side effects, precautions: None anticipated Yes – describe: _____

Other medications taken by student: _____

Other medical conditions: _____

The student may self-administer this medication: No Yes, supervised Yes, unsupervised
(No student may carry or self-administer any psychotropic or controlled medication.)

Printed name of Licensed Prescriber _____ Signature _____

Address _____ Phone _____ Date _____

----- TO BE COMPLETED BY PARENT/GUARDIAN -----

I request that the above medication be administered to my child as prescribed, by a school nurse or her designee. I will bring the medication in the original, properly dated and labeled container, will keep a dosage count at home, and will deliver refills as needed. I will promptly pick up any unused medication.

Permission to share this information with appropriate school staff: Yes No

Parent/Guardian Signature _____ Daytime Phone _____ Date _____

Please Note: All medication orders for the school year expire June 30, 2014. New orders and written parental permission are required for summer school, and will remain active for the 2014-2015 schoolyear. All orders must be obtained before the summer session begins. You may bring the orders to your child's school before the end of the year or fax them directly to Mill Pond School. The Mill Pond fax number is 508-836-7788. All medication must be delivered to the nurse by an adult on or before the first day of classes. If you have any questions, please contact the nurse at your child's school.