

**SOMERSET PUBLIC SCHOOLS
SOMERSET BERKLEY REGIONAL HIGH SCHOOL
School Health Services**

**Medication Order/Parental Consent for Administration of Medication at School
(Based on 105 CMR 210.000)**

1. PARENT/GUARDIAN SECTION: (to be filled out completely and signed)

DATE: _____ SCHOOL: _____ GRADE: _____

I hereby request the School Nurse see that my child: _____ receives the medication prescribed by: _____ for the period from: _____ to _____.

Medication will be supplied by parent/guardian of the child in the original pharmacy or manufacturer labeled container with the child's name, name of medication, dosage, route and time that the medication is to be given. The medication will be delivered to the School Nurse by the parent/guardian.

For Elementary students only: I give permission for my child to self-carry/self-administer INHALER or EPI-PEN during field trips ONLY, if the School Nurse determines it is safe and appropriate: **(circle one):** YES NO

For Middle and High School students: I give permission for my child to self-carry/self-administer INHALER or EPI-PEN, if the School Nurse determines it is safe and appropriate: **(circle one):** YES NO FIELD TRIPS ONLY

PARENT/GUARDIAN'S NAME (PLEASE PRINT)

PARENT/GUARDIAN'S SIGNATURE

Home: _____ Work: _____ Cell: _____

Emergency Contact if parent/guardian unavailable: _____
(NAME/TELEPHONE NUMBER)

2. PHYSICIAN/LICENSED PRESCRIBER SECTION: (to be filled out completely and signed)

The above-named child is under my care. Please administer medication as prescribed by me.

NAME OF MEDICATION: _____

DOSAGE: _____ **ROUTE:** _____

FREQUENCY/TIME(S) TO BE GIVEN AT SCHOOL _____

SPECIFIC DIRECTIONS: _____

DURATION OF TREATMENT: _____ / _____
(START DATE) (END DATE)

DIAGNOSIS: _____

It is safe and appropriate for the above mentioned student to self-carry/self-administer INHALER or EPI-PEN, if the School Nurse determines it's safe and appropriate: YES NO

PHYSICIAN'S NAME: _____
(PLEASE PRINT)

DATE: _____

PHYSICIAN'S SIGNATURE: _____

ADDRESS: _____

(CITY)

(STATE)

(ZIP)

(TELEPHONE)