

SUPERVISORY UNION #35

Bethlehem Elementary School, Blue School, Lafayette Elementary School,
Lisbon Regional School, Profile High School

MEDICATION PERMISSION FORM

PHYSICIANS TREATING SCHOOL AGE CHILDREN: In accordance with State Law RSA:Ed 311.02, as of November 20, 1974, when it is found necessary to place a child on medication during the day, the school must have the following information.

Student's Name _____ Grade _____ DOB _____

Medication _____ Dose _____

Method of Taking _____ Time Schedule _____

Diagnosis _____

Side Effects, Contraindications, etc _____

Medication to be taken from _____ to _____
Date Date

Physician's Name **PRINT** _____ **Physician's Signature** _____ **Date**

A SPECIFIC PHYSICIAN'S ORDER FORM IS REQUIRED FOR OLDER STUDENTS TO CARRY THEIR INHALER OR EPIPEN AT SCHOOL. REQUEST FORM FROM SCHOOL NURSE. RSA 200:42-47

PARENT/GUARDIAN REQUEST FOR GIVING MEDICATION AT BETHLEHEM ELEMENTARY

SCHOOL. I/We request the school to see that my child _____

receives the medication prescribed by DR. _____

beginning _____ to _____.

Date

Date

We, the parents, agree by signing this statement that we will not hold liable any member of the school staff who is directed by us (the parents/guardian) and the school administration to assist our child with their medication on field trips.

I/We give my/our permission for the school nurse to discuss this medication with the physician.

Parent/ Guardian Signature

Date

MEDICATION WILL NOT BE GIVEN WITHOUT THE PROPER PHARMACY LABELED CONTAINER AND WRITTEN PERMISSION FROM THE DOCTOR AND PARENT.

CHILDREN ARE NOT TO TRANSPORT MEDICATION TO AND FROM SCHOOL. AN ADULT MUST DELIVER THE MEDICATION TO THE HEALTH OFFICE.

Any unused medications must be picked up at the end of the school year by an adult; medications will not be stored at the school over the summer. Each school year requires a new doctor's order.