

**ASHBURNHAM-WESTMINSTER REGIONAL SCHOOL DISTRICT
MEDICATION ORDER AND PARENT/GUARDIAN CONSENT FORM**

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 as well as written parental consent.

Student Name: _____ **Grade:** _____ **DOB:** _____

To be completed by parent/guardian:

- I give permission to the School Nurse to administer the medications listed to my child. I have read and understand the Medication Administration Policy (attached). I understand that the school personnel are not responsible for any problems arising from the taking of this medication, its side effects or for the omission of the medication.
_____ Yes _____ No
- I request that my child receive the daily-prescribed medication on early release days.
_____ Yes _____ No
- I give my permission for the teacher to administer my child's prescribed medication while attending a field trip.
_____ Yes _____ No
- I give the school nurse permission to speak with the child's physician regarding the prescribed medication.
_____ Yes _____ No
- My child may carry and administer his/her own EpiPen Injector, inhaler and/or insulin. (Note: Approval of the school nurse is required.)
_____ Yes _____ No

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

Parent/Guardian printed name: _____ **Phone:** _____

To be completed by Physician/Dentist/Nurse Practitioner/Physician's Assistant:

Name of medication:	Dosage:	Frequency:	Route/Admin:	Duration/ Discontinue Date:
1.				
2.				
3.				
4.				
5.				

Allergies/Comments: _____

The student may self-administer the above medication (inhaler, epi-pen, etc.) at the discretion of the School Nurse. () yes () no

Diagnosis: _____

Licensed Prescriber Signature: _____ **Date:** _____

Printed name: _____ **Phone:** _____