

**FRAMINGHAM PUBLIC SCHOOLS**  
**Medication Administration in School Consent/Physician's Orders**

**LICENSED PRESCRIBER ORDER**

(To be completed by Physician, Nurse Practitioner, or other provider authorized by Chapter 94C)

**Student** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Grade/Room** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

<b>Medication</b>	<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Time</b>
1. _____				
2. _____				
3. _____				

Possible side effects: \_\_\_\_\_

Student may self-administer inhaler, EpiPen, & insulin if School Nurse determines it is safe and appropriate  
YES \_\_\_ NO \_\_\_

**NOTE: Whenever possible, medication should be given at home to avoid school hours**

**Prescriber's Print** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Prescriber's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

**PARENT/GUARDIAN CONSENT FOR MEDICATION ADMINISTRATION**

I give permission for the School Nurse to administer the following medicine(s) to my child \_\_\_\_\_

Drug _____	Dose _____	Time _____
Drug _____	Dose _____	Time _____
Drug _____	Dose _____	Time _____

Other medications my child currently takes at home:

Drug _____	Dose _____	Time _____
Drug _____	Dose _____	Time _____
Drug _____	Dose _____	Time _____

\* Please add any additional medication(s) on the back of this form

Permission for teacher/designated adult to administer medication(s) (excluding psychotropics, diabetic) during field trips  
YES \_\_\_\_\_ NO \_\_\_\_\_

Permission to share pertinent medication information with appropriate school personnel:..... YES \_\_\_\_\_ NO \_\_\_\_\_

Permission to self-administer if the School Nurse determines it is safe and appropriate:..... YES \_\_\_\_\_ NO \_\_\_\_\_

**Medication must be delivered by a responsible adult in a labeled original pharmacy container(s). I understand that the school may store only a 30 day supply of controlled medication.**

**I understand that all medications will be destroyed if not picked up by the last day of school.**

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_