



Wachusett Regional School

Medication Order and Parent Consent Form

High School Use Only

Phone # 508-829-6771 Ext 1331 Fax # 508-829-1689

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 order to administer any medication, whether it is a prescription drug or over the counter medication as well as written parental consent.

Student Name _____ Gender ____ Grade _____ DOB _____

To Be Completed By Licensed Medical Prescriber:

Medication	Dosage	Frequency/Time	Route/Admin	Diagnosis
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Duration/Discontinue: _____ Side Effects, Precautions: _____

Allergies: _____

The student may self carry and self administer the above medication (at the discretion of the school nurse)

*In School _____ Yes _____ No *On Field Trips _____ Yes _____ No

Licensed Prescriber Signature: _____ Date: _____

Printed Name of Licensed Prescriber: _____ Phone # _____

To Be Completed By Parent/Guardian:

I give permission to the school nurse to administer the medication listed to my child. I have read and understand the Medication Administration Policy. 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 give the school nurse permission to speak with the child's physician regarding the prescribed medication. _____ Yes _____ No

I give my child permission to self carry/self administer his/her own EpiPen, inhaler, and/or insulin at the discretion of licensed prescriber and school nurse. _____ Yes _____ No

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____ Phone # _____