



PHYSICIAN / PROVIDER ORDER FOR MEDICATION ADMINISTRATION

The Sacred Heart School medication policy follows NH state law. Medication should not be taken during school hours if it is possible to achieve the regimen at home. When prescription medication is required during the school day a written order from the licensed prescriber is required for each medication. All prescription medication must be delivered to school personnel by the parent or guardian. The medication should be in a pharmacy labeled container listing the student’s name, the name of the medication, and instructions. Not more than a 30-day supply will be accepted. Upon receipt, all medication will be counted and recorded.

Name of Student:		Date of Birth:
Medication:	Dose:	Route:
Frequency:	Start Date:	End Date:
Specific directions or information for administration:		
Diagnosis:		
Side Effects or Contraindications:		
Other medication being taken by student:		

In your opinion, does the student show the capability to carry and self-administer the above-named medication (provided the school Nurse determines it is safe and appropriate), please circle: **YES NO**

Name of Licensed Provider: _____ Title: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

PARENTAL CONSENT

I give permission for the school nurse, or school personnel designated by the school nurse to give my child the prescribed medication listed above (please circle): **YES NO**

I give permission for my child to carry and self-administer the medication listed above if the school nurse determines it is safe and appropriate (please circle): **YES NO**

I give permission for the school nurse to share with appropriate school personnel information relative to the prescribed medication administration (e.g., adverse side effects) as she/he deems it necessary for my child’s health and safety (please circle): **YES NO**
Any restrictions on release: _____

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____