

**Stoneham Public Schools
Authorization For The Administration of Medicine**

Massachusetts State Law requires an authorized Licensed Prescriber's written order and parent or guardian's authorization for a nurse to administer medications. Medication must be in a pharmacy prepared container and labeled with the name of child, name of drug, dosage, frequency, authorized Licensed Prescriber's name and date of prescription.

Licensed Prescriber's Authorization

Name of Student _____ Date of Birth _____
Address _____
Condition for which drug is being administered _____
Name of Medication _____ Dose _____ Route _____
Frequency _____ Time of school dose(s) _____
Side effects _____
Allergies _____
Start date _____ End date _____
Medication needed for field trips ___yes___no Medication to be given on early release ___yes___no
Licensed Prescriber's Name/Title (print) _____ Phone _____
Signature _____ Date _____

Parent/Guardian Authorization

I give the School Nurse permission to administer the above ordered medication to my child. I understand that I must supply the school with no more than a 30-day supply of medication. I understand that this medication will be disposed if it is not picked up within one week following termination of the order or the last day of school. The School Nurse may consult my child's physician with any questions or concerns about administering this medication to my child.

Parent/Guardian's Signature _____ Date _____
Telephone _____

Self Administration of Medication Authorization/Approval

Self-administration of a medication may be authorized by the Licensed Prescriber and parent/guardian for certain medications and must be approved by the school nurse in accordance with district nursing protocols

Licensed Prescriber's authorization for self-administration () YES () NO _____ Signature

Parent/Guardian authorization for self administration () YES () NO _____ Signature

Nurse Signature () YES () NO _____ Date _____

