



## Medication Order Form

We would like to inform you of the policy that the Shrewsbury Public Schools has in place to ensure the health and safety of children needing medicines during the school day. Our school district requires that a **Medication Order Form** must be on file in your child's health record before we begin to give any medicine at school. The written Medication Order Form should be completed and **signed by both you and your child's prescribing physician/licensed prescriber**.

When given a prescription, please ask your pharmacy to provide separate bottles for school and home. Medicines must be delivered to the school in a pharmacy or manufacturer-labeled container by a parent/guardian or designated adult. Students should not carry medications to school. No more than a thirty-day supply of the medicine should be delivered to the school.

In the event your child needs prescription or non-prescription medication during the school day, please act quickly to follow this procedure so that we can begin to give the needed medicine in a timely manner. If you would like a complete copy of the Shrewsbury Public School Medication Policy, please contact your school nurse directly.

Respectfully,

The Shrewsbury Public Schools Nurses

**SHREWSBURY PUBLIC SCHOOLS**  
**MEDICATION ORDER**

**PART A: To be filled out by Licensed Prescriber**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Route: \_\_\_\_\_

Dose: \_\_\_\_\_

Frequency: \_\_\_\_\_

Time: \_\_\_\_\_

Date of Order: \_\_\_\_\_

Discontinuation Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Any other medical condition(s): \_\_\_\_\_

**Additional Information:**

1. Special side effects, contraindications, or possible adverse reactions to be observed: \_\_\_\_\_

\_\_\_\_\_

2. Other medication being taken by the student: \_\_\_\_\_

\_\_\_\_\_

Signature of Licensed Prescriber: \_\_\_\_\_

**Part B: To be filled out by Parent/Guardian**

1. I give permission for the school nurse to administer medication as per this medication order.

YES \_\_\_\_\_ NO \_\_\_\_\_

2. I give permission for the school nurse to instruct a trained, responsible adult in administering the above – mentioned medication to my child on field trips.

YES \_\_\_\_\_ NO \_\_\_\_\_

3. I consent that my student may carry *emergency* medication at school (i.e. EpiPen, inhaler, insulin).

YES \_\_\_\_\_ NO \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_