NORWOOD PUBLIC SCHOOLS

PHYSICIAN/PROVIDER ORDER AND PARENT CONSENT: PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS THAT REQUIRE ADMINISTRATION DURING REGULAR SCHOOL HOURS

PLEASE NOTE: We cannot give any medication in school until both sections of this form are fully completed & given to the school nurse with your child's medication (in the pharmacy container or manufacturer's package for over-the-counter, non-prescription medications).

Student's Name: (print)_____Date of Birth: _____ Grade: _____

PHYSICIAN/PROVIDER ORDER

Medication: _____

Dosage_____Route_____Frequency/Time: _____

Start Date: _____ Stop Date: _____

Special Instructions, e.g., possible side effects, known allergies: _____

Diagnosis: (if not confidential)_____

_____

Physician's Signature Date

_____

Address Telephone

***For inhaled medications (e.g., albuterol) ONLY:**

Student may carry & self-administer her/his inhaler on field trips:

Yes ___ No____

PARENT/GUARDIAN CONSENT

Parent/Guardian Telephone: Home: _____ Cell/work: _____

1. I give permission for the nurse (or her/his designee) to administer the above named medication to my child as prescribed by her/his provider during regular school hours and school-sponsored field trips.

2. This medication is being taken for: _____

3. Other medication(s) my child takes: _____

4. I give permission to the school nurse to inform appropriate school personnel about the prescribed medication that she/he administers to my child. Yes: _____ No:_____

5. *If this order is for an inhaled medication and my child's provider has provided authorization for inhaled medications (*denoted in the box above) I give my permission that my child may carry & self-administer inhaled medications on field trips. Yes:_____ No:_____

6. I understand that I must deliver the medication in the pharmacy container or manufacturer's package to the School Nurse at my child's school before any medications will be given in school. I also understand that I may retrieve the medication at any time and that the medication will be destroyed if it is not picked up within one week following the termination of the order.

Parent/Guardian (signature): _____Date_____

Parent/Guardian (please print name):_____