

CANTON PUBLIC SCHOOLS HEALTH SERVICES

Canton High	Galvin Middle	Hansen	J F Kennedy	Luce	Rodman
(781) 821-5050x2110 Fax 781-821-5057	(781) 821-5070x3110 Fax 781-575-6562	(781) 821-5085x4102 Fax 781-575-6558	(781) 821-5080x5102 Fax 781-575-6541	(781) 821-5075x6109 Fax 781-575-6505	(781) 821-5060x1508 Fax 781-821-5039

Medication Administration Plan and Parent/Guardian Consent

Student's Name _____ D.O.B. _____

All medications must be delivered to school in its original container with pharmacy label attached

All medications, including over-the-counter, must be accompanied by a licensed prescriber's order

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 (please print name)

Phone #

Physician (signature)

Date

Parent/Guardian Consent

I give the School Nurse permission to administer this medication to my child during regular school hours. During school-sponsored field trips this medication may be delegated to trained school personnel.

The School Nurse may share information about my child's medication with appropriate staff.

The School Nurse may consult my child's physician if there are any questions or concerns about administering this medication to my child.

I understand that it is my responsibility to pick-up this medication when it is no longer needed at school and that this medication will be properly disposed of after its expiration date or on the last day of the school year.

Parent/Guardian (please print name)

Phone #

Parent/Guardian (signature)

Date