

**NORTH MIDDLESEX REGIONAL SCHOOL DISTRICT  
Ashby – Pepperell – Townsend, Massachusetts**

**MEDICATION PERMISSION FORM**

This form is to be completed by physician and parent for any medication to be dispensed at school.

Under Massachusetts General Laws (M.G.L.) Chapter 112, Section 80B, a licensed nurse must have a medication order from a physician, dentist, nurse practitioner, or physician's assistant in order to administer any medication, whether it is a prescription drug or over-the-counter medication.

**Physician's Order**

**Physician:**

Please complete this form if the below named student must take prescribed medication during school hours, as you require it to be administered more than three times a day and it cannot be given at home only.

Student's Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medication prescribed \_\_\_\_\_

Dosage prescribed \_\_\_\_\_

Time during school day to be given \_\_\_\_\_

Duration of medication (start date/end date) \_\_\_\_\_

Additional comments \_\_\_\_\_

\_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_

**Parent or Guardian:**

I, the undersigned, give permission to the School Nurse to administer the above named medication to my child. I understand that school personnel are not responsible for any problems arising from the taking of this medication, its side effects (if any), or for the omission of medication. I further agree to indemnify and hold harmless the School Committee and its agents and servants against all claims as a result of any or all acts performed under this authority.

I do \_\_\_\_\_ do NOT \_\_\_\_\_ give permission to the teachers at NMRSD to administer the above medication to my child if he/she is out of the school building during a field trip in accordance with MDPH limited delegation waiver.

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_