

DORCHESTER SCHOOL DISTRICT TWO MEDICATION PERMISSION REQUEST FORM



The following is to be completed by a physician/legal prescriber.

Name o	f Student:		DOB:	Grade	
This me	edication is being given for:				
Name o	f medication:				
Dosage: ICD-10 Code:					
Times t	o be given at school:				
List any	potential reactions with app	propriate treatment:			
Physician/Legal Prescriber		Signatu	Signature of Physician/Legal Prescriber		
Office l	Phone Number	Office Fax Number	Date		
 1. 2. 3. 4. 6. 7. 	I, the undersigned, ask that everyone participating in the When the school nurse is not medication. Parent/legal guardian must This form requires both the given. Do not bring more the Parent/legal guardian must pharmacist as prescribed by Medication must be brough Parents are reminded that a be given at school without a labeled prescription contains. Herbals, food supplements, not be given at school wither properly labeled prescription.	the above medication to be administration and all liability to available, the principal's designatures of the physician and than a 30 day supply of medication bring the medication in the current law (ask your pharmacist to present in by the parent or responsible spirin, cough medicine, vitamins a medication permission request a registered pharmacist as alternative medicinal products, a pour a medication permission request a medication permission per	er School District Twee the parent/legal guarden at one time. In prescription bottle pare a separate labele adult, NOT THE ST, cough drops, all over form completed by a prescribed by law. In and other items that detect form completed by a prescribed by law. In and other items that detect form completed by a prescribed by law. In and other items that detect form completed by law.	ith or stemming therefrom son/daughter in taking his on Medication Permission is an and the specific time (sproperly labeled by a registed bottle for school use). UDENT. Extra the-counter products, we legal prescriber and in a properly a legal prescriber and in a proper school use.	Form. s) to be istered ill not properly will n a
	result in disciplinary action	prescription or over the counter including, but not limited to suspend the color of the counter will be included.	pension or expulsion.		
	accordingly.	with the school nurse will be in		•	
	year.	hat school personnel will dispose			

Date

Signature of Parent/Legal Guardian