

NATICK PUBLIC SCHOOLS
HEALTH SERVICES
AUTHORIZATION FOR DISPENSING MEDICATION

Only a Physician or Nurse Practitioner is legally authorized to prescribe medication for a student, **including 'over the counter'** medicines such as Advil, Tylenol, allergy medications, etc. If at all possible, medication should be given **AT HOME** before and/or after school hours. A student who needs to take **ANY MEDICATION** during school hours must have the **Authorization for Dispensing Medication** form signed by the parent/guardian and a form signed by the physician. These forms may be obtained from the school nurse. Medication **MUST** be in a pharmacy labeled bottle, be kept locked in the clinic and taken under the supervision of the nurse.

STUDENTS ARE NOT ALLOWED TO TRANSPORT ANY MEDICATION. Medication **will not be given** until this form and the physician's form is returned completed to the school nurse. All medication must be clearly labeled with the original pharmacy label.

Student _____ DOB _____ Home Room _____

1. I give permission to have the school nurse give the following medicine _____ prescribed by

_____.

Physician/licensed prescriber

2. I give permission to the school nurse to share with appropriate school personnel information relative to the prescriber medicine administration. Yes _____ No _____

Any restrictions on release _____ .

3. I give permission, when necessary, to the school nurse to delegate administration of this medication to trained personnel while on school sponsored fieldtrips. Yes _____ No _____ Not Applicable _____

4. My child is currently receiving the following medications:

a. _____ b. _____

c. _____ d. _____

5. I request that my child receive his/her medication at school prior to dismissal on early release days:

Yes _____ No _____ Not Applicable _____

6. For Middle/High School Students: Does student have permission to carry their own inhaler/insulin/epipen or pancreatic enzymes? Yes _____ No _____

NOTE: Whenever possible, medication should be given at home and every effort should be made to avoid dispensing medicines during school hours.

Parent/Guardian Signature _____ Phone # _____

Print Name _____ Emergency # _____

Relationship to student _____ Date _____