

**Arlington Public Schools  
Arlington, Massachusetts**

**MEDICATION PERMISSION FORM**

*This form to be completed by physician and parent for any medication to be dispensed  
in school*

Under Massachusetts General Laws (M.G.L.) chapter 112, 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: Please complete this form if the below student must take medication during school hours and it cannot be given a home.

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

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_

Dosage Prescribed \_\_\_\_\_

Date Medication to Begin and to be Discontinued \_\_\_\_\_

Any Special Instructions \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

**If this is an emergency medication, i.e. inhaler, EpiPen, etc., has student been instructed to self-administer and may he/she do so? Yes \_\_\_\_\_ No \_\_\_\_\_**

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

\_\_\_\_\_  
Telephone

**Note: Medication orders must be renewed at the beginning of each school year.**

Parent or Guardian:

I, the undersigned, give permission to the school nurse to administer to or to supervise my child in taking the above medication. I understand that the 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Telephone