

**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