

AYER SHIRLEY REGIONAL HIGH SCHOOL

141 Washington Street

Ayer, MA 01432

978-772-8600, x 1326 Fax 978-772-7444

Medication Administration Order Form

This form is to be completed by the licensed prescriber and parent/guardian for any medication to be dispensed in school. Under Massachusetts general Laws, (MGL) 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. Please renew all orders annually by the first day of school.

Student Name _____ DOB _____ Grade _____

Diagnosis _____

Medication prescribed _____

Dosage _____ Route _____

Frequency _____ Time during the day to be given _____

Common side effects _____

Duration of medication: School year _____ Other _____

If applicable, may carry inhaler/EpiPen on person? YES _____ NO _____

Licensed prescriber's signature _____ Date _____

Print name _____

Address _____ City/Town _____ Zip _____

Phone _____ Fax _____

Parent/Guardian: I give permission to the school nurse, or school personnel designated by the school nurse, to administer this 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 hold harmless the School Committee and its agents against claims as a result of any or all acts performed under this authority.

Parent/Guardian signature _____ Date _____