Burlington Public Schools

123 CAMBRIDGE STREET
BURLINGTON, MA 01803
(781) 270-1800

MEDICATION PERMISSION FORM

This form is 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 prescription drug.

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Physician:
It is absolutely necessary for the following medication to be taken during school hours:
Yes _____ No_____

Student's Name_____Grade_____

Address_____School_____

Diagnosis_____

Medication_____

Dosage_____Time of Administration or Supervision_____

Date Medication to Begin_____Date Medication is 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 Name Address

_____ _____
Physician's Signature Telephone

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

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Parent or Guardian:
I, the undersigned, give permission to school health professionals to administer to or to supervise my child in taking the above medication. I understand that the school personal are not responsible for any problems arising from the taking of this medication, its side effects (if any), or the omission of medication. I further agree to indemnify and hold harmless the Town of Burlington and its agents and servants against all claims as a result of any and all acts performed under this authority.

_____ _____ _____
Date Parent or Guardian Signature Telephone (home)

Please return this form to the School Nurse at your son/daughter's school. Rev: 5-1-08