

J. Drew Bairstow  
Principal

## Lincoln Street School

25 Lincoln St.  
Exeter, NH 03833  
603-775-8860

Mary Manin, RN, BS  
School Nurse

### Permission form for the dispensing of medications in school

My child, \_\_\_\_\_ is required by Doctor \_\_\_\_\_, the prescribing physician, to take the following medication during school time:

Name of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time schedule to be observed: \_\_\_\_\_

Method of taking medication: \_\_\_\_\_

Reason for taking medication: \_\_\_\_\_

Possible adverse reactions: \_\_\_\_\_

Other medications student is taking at this time: \_\_\_\_\_

In the event of a medication emergency, please list persons to be notified other than parents and physician: \_\_\_\_\_

Doctor's phone# \_\_\_\_\_ Parents' #'s \_\_\_\_\_

Other Emergency Numbers: \_\_\_\_\_

**Prescription medication must be accompanied by a written order from the prescribing doctor and in a medicine bottle with the prescription label.** The medicine will be delivered by the parent or guardian to the school nurse in a pharmacy labeled container listing the student's name, the physician's name, the medicine, and the instructions for this medication.

**Over the counter medication may be given, if needed, with the written request of the parent/guardian.** The medication must be supplied to the nurse in its original container.

We, the parents, authorize the school nurse or any other member of the staff so designated by the building principal to assist\* our child in taking the above medication. Any pupil in grades Kindergarten through twelfth grade must be assisted by such persons, and the medication, therefore, shall be in the custody of such persons. If the medication is an **emergency** medication that must be carried by the student, a written permission form must be in the nurse's office. The nurse and the school principal must give sanction for this medication to be carried by the student.

**I, the parent or guardian, agree by signing this request form to the "Hold Harmless" Statement that follows: I agree that I will not hold liable any member of the school staff who is directed by me to assist my child in taking the above stated medication.**

\*Assist means having the required medication available to the child as needed and observing the student as he/she takes or does not take his/her medication.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

