

Washington Elementary School
Medication Administration Form
603-495-3463
Fax 603-495-0140

The New Hampshire Board of Education policy regarding the taking of medication at school requires:

- 1) Any pupil who needs to take medication during the day shall be assisted by the school nurse or another member of the school staff so designated by the building principal, and subject to the school district having received and filed a medication form with the student's health record.
- 2) **All medications must be in their original labeled containers and transported to and from school by an adult.**
- 3) **Prescription medication** requires the prescribing physician's signature, as well as, the other information below. If the prescription has been telephoned to the pharmacy by your physician, please have your child's physician fax the school office with the information requested below.
- 4) **Non-prescription medication** does not need a physician's signature but **requires authorization in writing from the parent** or guardian as well as the other information below.

Student's name: _____ Medication: _____

Dose: _____ Time to be given: _____

Dates to be given: _____

Physician's Signature: _____
(prescription medication only)

Parents or Guardian Authorization

I hereby request and give my permission for a designated member of the school staff to assist my student _____ in taking the medication listed
(Student's Name)
above and release said person from responsibility for any adverse effects from the medication.

Date: _____ Parent/Guardian Signature: _____

Please note: the school will no longer be providing any over-the-counter medications.