

NORTHBRIDGE PUBLIC SCHOOLS  
MEDICATION ORDER FORM

It is expected that all students on medication will take their required dosage at home before and/or after school hours, consistent with their doctor's instructions, whenever possible. In cases where it is necessary for a student to take medication during school hours, the following procedures will be in effect:

1. Only the school nurse shall administer medication to a student. However, in the event of a life-threatening emergency, in the absence of a nurse, a designated staff person may administer an emergency medication.
2. All medications dispensed by the school nurse shall be kept in the PHARMACY LABELED CONTAINER (extra containers are available from most pharmacies at no charge).
3. All medication shall be brought to the school BY AN ADULT.
4. ALL medications administered in school shall be ordered IN WRITING by a PHYSICIAN, PHYSICIAN'S ASSISTANT, or NURSE PRACTITIONER, using the form below. All such medications shall be administered under the supervision of the school nurse. When specified IN WRITING by the physician, students in grades 5 – 12 may carry inhalers and EpiPens. Insulin and Enzymes prescribed for Cystic Fibrosis may also be carried in certain cases.
5. All medication orders must be reordered in writing each school year.

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Physician Form

Student name \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date \_\_\_\_\_

Medication & Dosage \_\_\_\_\_

*Whenever possible medication should be scheduled at times other than school hours.*

Time of day \_\_\_\_\_ Duration \_\_\_\_\_

Reportable side effects \_\_\_\_\_

(Inhalers, EpiPens only) Student may carry on person: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

**In the event of an allergic emergency, only a nurse can administer Benadryl. Unlicensed, trained personnel can only administer an EpiPen.**

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone number \_\_\_\_\_

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Parent form

I, the undersigned parent/guardian, hereby request the school nurse to administer the above medication in accordance with the physician's instructions. I understand that school personnel are not responsible for any problems arising from the administration of this medication.

Do you want medication given on early release days? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_