Amesbury Public Schools

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Amesbury Elementary School
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Mike Curry - Principal
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Rita O'Neill, RN - Nurse
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Cashman Elementary School
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Leslie Murray - Principal
Amesbury High School
Joanne Baker RN - Nurse
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MEDICATION ADMINISTRATION FORM

In order to administer a medication to your child, this information must be completed and signed by the appropriate personnel and returned to the school nurse.

Student Name _____ Date of Birth _____ Grade/Team/HR _____

Parent/Guardian Name(s) _____ Home Phone _____ Work Phone _____

Name of Licensed Prescriber _____ Office Phone _____

In case of emergency when parent cannot be reached call _____
Home Phone _____ Work Phone _____

Diagnosis _____ Food/Drug Other Allergies (reaction) _____

Drug Name _____ Dosage _____ Frequency _____ Time _____ Location _____

Specific directions (i.e. with food, on empty stomach etc.) _____

Potential side effects _____

Other prescription medications by student _____

All prescription medications must be stored in the prescription bottle. Other special storage conditions _____
_____

I understand I may retrieve the medication from the school at any time; *however, the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.*

Permissions:
I consent to have the school nurse or school personnel designated by the school nurse, to administer the above medication(s).

I give permission for the school nurse to share information relevant to the prescribed medication as she/he determines appropriate for my child's health and safety.

Medication should be sent and administered on field trips. ☐ YES ☐ NO
I give permission for my son/daughter to self-administer if the nurse deems appropriate. ☐ YES ☐ NO

Parent Signature _____ Date _____
Physician Signature _____ Date _____
School Nurse Signature _____ Date _____