

## Medication Order

This form must be completed in its entirety and signed by a **licensed prescriber: physician, nurse practitioner** or other person authorized by MGL Chapter 94C.

Name of student \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_  
street town zip

Name of licensed prescriber \_\_\_\_\_ Title \_\_\_\_\_

Business Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

Allergies to \_\_\_\_\_ food \_\_\_\_\_ medicine \_\_\_\_\_ other \_\_\_\_\_

**Medication #1**

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_ Time \_\_\_\_\_

Side effects, contraindications, or possible adverse reactions to watch for: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Discontinuation Date: \_\_\_\_\_  
(order will be considered effective for one year unless otherwise specified)

## Medication #2

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_ Time \_\_\_\_\_

Side effects, contraindications, or possible adverse reactions to watch for: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Discontinuation Date: \_\_\_\_\_  
(order will be considered effective for one year unless otherwise specified)

1. Is supervised self-administration of medication approved, provided the school nurse determines it is safe and appropriate in the school setting and the parent(s) agree? (The student is monitored by staff while taking the medication, does not have access to other student's medications and the medication is stored in a locked cabinet at all times.) Yes \_\_\_\_ No \_\_\_\_
2. If this student utilizes a rescue inhaler for asthma, and the school nurse determines that it is appropriate and safe, may they carry their own inhaler and self-administer; reporting to the nurse if more than one dose is required?  
Yes \_\_\_\_ No \_\_\_\_
3. If this student utilizes a rescue inhaler for asthma, and the school nurse determines that it is appropriate and safe, may they carry and self-administer on a school field trip and during school athletics?  
Yes \_\_\_\_ No \_\_\_\_
4. If this student utilizes an Epi-Pen for an anaphylactic reaction, and the school nurse determines that it is appropriate and safe, may they carry and self-administer on a school field trip and during school athletics?  
Yes \_\_\_\_ No \_\_\_\_

Physician Signature

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Date

Adopted By The

Hadley School Committee: September 22, 2014