

TAUNTON PUBLIC SCHOOLS
NURSING DEPARTMENT
Medication Authorization (Physician)

School: _____

School Year: _____

Student Name: _____ DOB: _____ GRADE: _____

Allergies _____

All medications below are authorized for the current school year including any Summer School Programs.

Date of Order _____ Discontinuance Date _____

Medication _____

Route of Administration _____ Dosage _____

Time(s) of Administration _____ Frequency _____

Diagnosis* _____

Specific Instructions for Administration _____

Possible Side Effects, Contraindications, Adverse Reactions:

Other medications being taken by student _____

Student May Self Administer Medication:

For Field Trips: YES _____ NO _____

During School Hours: YES _____ NO _____

Please note, whenever possible, medication should be scheduled at times other than school hours.

Name of Licensed Prescriber (Please print)

Signature of Licensed Prescriber

Business Phone / Emergency Phone _____

*If not in violation of confidentiality

**Taunton Public Schools
Nursing Department**

Medication Authorization (Parent)

School Year: _____

Student _____

Allergies _____

Other medications taking _____

ALL MEDICATIONS BELOW ARE AUTHORIZED FOR THE CURRENT SCHOOL YEAR INCLUDING ANY SUMMER SCHOOL PROGRAMS

I give permission for the nurse to give my son/daughter _____ prescribed by _____
Name of Medication / Dose / Time Licensed Prescriber

I give permission for my son/daughter to self-administer if the school determines it is safe and appropriate _____ prescribed by _____
Name of Medication / Dose / Time Licensed Prescriber

NOTE: WHENEVER POSSIBLE, MEDICATION SHOULD BE SCHEDULED AT TIMES OTHER THAN SCHOOL HOURS

I give permission to the school nurse to share with appropriate school personnel information relative to the prescribed medicine administration, e.g. adverse side effects necessary for my son's/daughter's health and safety.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date

PLEASE NOTE: ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER WITH STUDENT NAME, MEDICATION, DOSAGE, ROUTE & TIME