

Acton-Boxborough Regional School District

MEDICATION PERMISSION FORM

*This form is to be completed by a student's physician and parent
for any medications to be dispensed at school.*

Under Massachusetts General Laws (M.G.L.) chapter 112, § 80B, a licensed nurse must have a medication order from a physician, dentist, nurse practitioner, or physician's assistant in order to administer any medication, whether it is a prescription drug or over-the-counter medication.



Physician: Please complete this form if the student must take prescribed medication during school hours and it cannot be given at home.

Student's Name _____ Date of Birth _____

Diagnosis _____

Medication _____ Route of Administration _____

Dosage _____ Frequency _____ Time(s) of Administration _____

This order will be valid through the current school year (including the summer school program if the child participates) or unless otherwise noted.

Any Special Instructions _____

Possible Side Effects _____

If this is an emergency medication (inhaler or epipen), has the student been instructed to self-administer and may he/she do so? Yes _____ No _____

Physician's Name (Print) Address Telephone

Physician's Signature Date

Note: Medication orders must be renewed at the beginning of each school year.



Parent or Guardian: I, the undersigned, give permission to the school nurse (or school personnel designated by the school nurse) to administer the above medication. I understand that I may retrieve the medicine from the school at any time, and that the medicine 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.

If applicable, I give permission for my child to self administer medication if the school nurse determines it is safe and appropriate. Yes _____ No _____

Parent/Guardian Signature Date