

Winchester School District/School Health Services
PRESCRIBED MEDICATION
Parent/Guardian Authorization to Administer Prescribed Medication at School

Name of Student: _____ DOB: _____ Grade: _____

Please be advised that the New Hampshire Department of Education regulations at Section Ed 311.02(e) do not permit prescription medications to be taken during the school day unless:

- (a) The student is supervised directly by the parent or legal guardian; or
- (b) The parent or legal guardian provides satisfactory written authorization for supervision by the school nurse, building principal or designee.

This form must be signed by the parent or legal guardian before a student will be permitted to take prescribed medication at school. In addition, the licensed prescriber of the medication must provide required information.

Name of Medication: _____ Start Date: _____

Dosage: _____ Time(s) to be taken: _____ End Date: _____

Name of the licensed prescriber with business & emergency phone numbers:

We request but can not require you list all other medications the student is currently receiving.

Parent Data: Name: _____ Home Phone: _____

Phone number(s) during the school day: _____

Emergency Contact (name and phone): _____

Others to be notified (in addition to the licensed provider) in event of a medication emergency (name and phone):

The student is not permitted to take medication on his/her own, but must be supervised. Please alert the student to this need for supervision and remind the student that the nurse or building principal or designee will assist the student. All medication must be stored by the school nurse in the original pharmaceutical container, and no more than a 30 day supply may be stored at the school.

I am the parent or legal guardian of the student and request that the student received prescribed medication during the school day. As indicated by my signature below, I understand and agree that I am authorizing the Winchester School District to supervise the student in taking the above medication during the school day. The employees and agents of the Winchester School District are not responsible for prescribing the above medication; or for determining the dosage; or for evaluating its effectiveness; or for coordinating its usage with other medications, diet, and activities of the child. I release and hold harmless the Winchester School District, its employees and agents from any cause of action which results from my child's taking this medication during the school day.

Please read and complete this form carefully and ask any and all questions you deem necessary of both your physician and school staff. Children are not permitted to take medication at school without direct parental supervision unless this form is signed by a parent/legal guardian.

Signature of parent or legal guardian

Date

