

The Lyme School
35 Union Street Lyme NH 03768 603-795-2125 Fax 603-795-4719

Authorization for Prescription Medication Administration by the School Nurse
To be completed by the Parent/Guardian
Must be accompanied by Physician Order Form

Student Name _____

Student's Date of Birth _____

Name of Medication to be given _____

Dosage _____ Time to be given _____

Please list any other medication this student currently takes:

Please refer to Student Health Form for Emergency Contact Information.

By signing this form, I authorize the school nurse or designee to administer
medication to this student.

Parent/Guardian Signature _____

Parent Name _____

Date _____

Please refer to The New Hampshire Department of Education Technical Advisory on
Medication During School Day 311.02 for further information.