

**ORLEANS SOUTHWEST SUPERVISORY UNION**  
**\* Craftsbury Schools \* Hardwick Elementary \* Hazen Union School \***  
**Wolcott Elementary \* Woodbury \* Lakeview \***

**PRESCRIPTION MEDICATION ORDER AND PERMISSION FORM**

The school nurse *must* have this completed form before medication will be given at school. A parent/adult must bring the medication to school in an appropriately labeled pharmacy container. All medicine must be kept in the nurse's office unless the health care provider, parent, and school administrator have approved self-carry and self-administration of medication.

This form must be signed and completed before any medication may be administered at school. The School Nurse must approve and administer the first dose of any medication given at school. The School Nurse may delegate administration of subsequent doses to a designated school staff member.

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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**Medication Order:**

**Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_

**Administration instructions:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Reason for medication** \_\_\_\_\_

**Healthcare Provider Name:** \_\_\_\_\_

**Healthcare Provider Signature:** \_\_\_\_\_

The above named student is capable and has permission to self-carry and self-administer this medication: \_\_\_\_\_ HCP initials \_\_\_\_\_ Parent initials \_\_\_\_\_

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I, \_\_\_\_\_ (Parent/Legal Guardian) of \_\_\_\_\_ (student)

give permission for \_\_\_\_\_ (Health Care Provider) to share medical

information with \_\_\_\_\_ (School Nurse) and other OSSU school nurses concerning my child's medical condition(s), medications(s), and treatment(s), and give permission for the medication prescribed above to be given to my child at school by the school nurse or the school nurse's designee.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_