

Bow Memorial School
20 Bow Center Road, Bow, NH 03304
(603) 225-3212 Fax: (603) 228-2228

MEDICATION ADMINISTRATION FORM

The NH Code of Administrative Rules: Education, Ed 311.02 for medication administration requires:

The school nurse or another member of the school staff designated by the building principal to supervise any student who needs to take medication during the school day or during school sponsored activities.

Students are not allowed to carry medication, prescription as well as over the counter (ie: Tylenol), during the school day or during school sponsored activities.

Inhalers and EPI-Pens may be carried by students and self-administered providing written permission is on file in the student's health record and the school nurse has been notified.

Medication that is to be administered to a student must be in the pharmacy or manufacturer labeled container.

Student's Name: _____ Grade: _____

Medication: _____ Dose: _____

Time: _____ Reason: _____

***If inhaler or EpiPen - SHOULD KEEP MEDICATION WITH HIM/HER YES NO**

Where medication will be kept: _____

Physician's Signature: _____ Date: _____

Physician's Name: _____ Phone: _____
(Please print)

I request and give permission for the school nurse or a designated member of the school staff to assist my student in taking the above medication and release said person from responsibility for any adverse effects from this medication.

Parent/ Guardian Signature: _____ Date: _____