Student Name _____Allergies_____Grade_____

SAU #34

HILLSBORO, DEERING, WASHINGTON & WINDSOR

MEDICATION ADMINISTRATION

The New Hampshire Board of Education policy Ed 311.02 regarding the taking of medication at school requires:

1. Any student who needs to take medication during the school day shall be assisted by the School Nurse or member of the school staff as designated by the building Principal.

2. All prescribed medication must have an order from the medical provider on file in the health office, along with a permission to take medication from his/her parents/legal guardian.

3. All medications must be in their original labeled containers from the pharmacy. Medications will be delivered to and from health office by a parent/legal guardian or responsible adult. This applies to both prescription and non-prescription medications. Students **CANNOT** bring medications to the school.

Please fill out the following information:

Student: _____ Diagnosis/condition _____

Medication _____

Dose _____ Frequency _____ Route of Administration _____

Times to be given at school _____ Start date_____Stop date_____

Ed 311.02 (e) Asthma inhalers and epinephrine auto injectors may be possessed by a student and self-administered in accordance with RSA 200:42 –RSA 200:47.

Student allowed to carry and self-administer **metered dose inhaler** for asthma control
(circle one if indicated) No Yes
Student allowed to carry and self-administer **Epi-Pen** for anaphylactic reactions
(circle one if indicated) No Yes

Provider Signature _____Date _____

Provider Name (print) _____Provider contact number_____

Parent/Guardian Authorization:

I hereby authorize the designated staff person to administer the above medication as directed. In consideration for this service, I(we) further agree that I(we) will not hold liable, and will otherwise save the harmless, the town of Hillsborough and/or any department or employee thereof for any death or injury resulting from the administration or the assistance in the administration of the medication described above.

Signature of parent/guardian _____ Date_____

Last revised 2/2015