

2026-2027 Mascenic Regional School District

MEDICATION IN SCHOOLS

MRHS-Abigail Nichols, RN, 603-878-1113, F-603-218-6837

BMS-Lindsay Heaphy, RN 603-878-4800, F-978-386-4182

HHES-Kristy Zina, RN, 603- 878-4387, F-603-878-2814

PHYSICIAN'S STATEMENT:

Under the provision of RSA 541-A as of November 20, 1974, when it is found necessary to place a child on medication during the school day, the child MUST have the following information:

Child's Name _____

Diagnosis _____

Medication _____

Time Schedule _____

Medication to be taken from _____ to _____
Date Date

Doctor's Signature*

*A note from the doctor containing the above information is acceptable. This may be completed at the same time he/she is writing out your prescription.

PARENT/GUARDIAN RELEASE:

I request the nurse or staff member assist my child, _____

in taking the following medication, as prescribed by Dr. _____

Medication _____ Dosage _____

Due in school at _____

(not more than one month of prescribed medication may be stored at school)

The medication will be delivered directly to the School Nurse, Principal or designated staff member by the parent or guardian or responsible adult.

The medication will be delivered in its original pharmacy container.

I agree that by signing this request that I shall not hold liable any member of the school staff who is directed to assist any child in taking said medication.

Parent or Legal Guardian Signature _____ Date _____