



Barre City Elementary & Middle School

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Prescription Medication Order Form 2020-2021

Date _____

I give permission to _____ to release information

Prescriber

to Barre City Elementary & Middle School concerning medication(s)
prescribed for;

_____ **Date of birth** _____

Name of student

and I give my permission for the above named student to take the medication as prescribed at school . I understand that medications must be delivered to school by a parent/guardian in a pharmacy labeled container and that medications will not be administered until the school receives this completed form with the physician’s order.

Signature of parent/guardian _____

To be completed by the prescriber:

Medication(s) _____

Directions _____

Beginning Date _____ Last Dose _____

Reason for Giving _____

Signature of Prescriber _____ **Date** _____

School Health office use only:

Date delivered to school in pharmacy labeled bottle _____

Number received _____

Signature of School Nurse _____

Order complete -Date _____

Field trip plan completed

“Doing Whatever It Takes to Ensure Success for Every Child”