

2020-2021

Prescription Medication Order & Permission Form

Wilbraham & Monson Academy

423 Main Street

Wilbraham, MA 01095

Tel: 413.596.9130 Fax: 413.596.3655

*This form is to be completed by physician and parent before any prescription medication and be administered at Wilbraham & Monson Academy.

STUDENT: _____ DOB: _____ Allergies: _____

Name of Parent/Guardian: _____ Relationship: _____

Please list medications taken at home: _____

I, the undersigned parent or guardian, give the permission to the school nurse (or academy personnel designated by the nurse) to administer the listed medication to my child or to supervise my child in taking the listed medication if approved to do so by the school nurse. I authorize the school nurse to share information about such medication administration, as the school nurse deems necessary for the health and safety of my child. I agree to release, indemnify and hold harmless Wilbraham & Monson Academy, and their employees from and against any claim either I or my child may have as a result of any act or omission that may arise out of this authorization.

Signature of Parent/Guardian: _____ Date: _____

Consent for self-administration

Has the student been instructed to self-administer medication and may the student do so at WMA?

YES__ NO__ (the school nurse must determine if it is safe and appropriate to do so)

PHYSICIAN: Please complete if this student must take prescribed medication at Wilbraham & Monson Academy

MEDICATION _____ Order Date: _____

Dose _____ Route _____ Frequency _____

Diagnosis: _____ Special Instructions: _____

Licensed Prescriber: _____

PRINT NAME

Signature of prescriber: _____ Date: _____

Address: _____ Phone: _____