



Barre City Elementary & Middle School

Fax (802) 476-1492

50 Parkside Terrace Barre, VT
05641

Pierre Laflamme, PK-8 Assistant Principal
Counselors (802) 476-7889
Nurse (802) 479-6920
Health Office Fax (802) 477-1650

Hayden Coon, PK-4 Principal Chris
Hennessey, 5-8 Principal Office (802)
476-6541

Prescription Medication Order Form 2021-2022

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”***