

Falmouth School Department  
Health Services

**PHYSICIAN and PARENT Request for Medication Administration  
by School Personnel**

Dear Parent/Guardian:

The Falmouth school department discourages the administration of medication during school. However, if the physician decides it is necessary for your child to receive a medication during the school day, his/her approval and specific directions must be provided to the school.

- Medication, both prescription and over-the-counter, must be brought to school by a parent/guardian or other designated adult. Prescription medication must be appropriately labeled by a pharmacist or physician.
- Labels must include:

Name of student	Name of medication and Dosage
Time to be given	Physician's name
- To protect your child and other students, medication may not be kept with the student. It must be taken to the Nurse's Office for safekeeping.
- Students are expected to come to the Nurse's Office at the appropriate time to take medication.

Both parent/guardian and physician signatures are required to permit the nurse, or any non-medical person authorized by the school in the event the nurse is not available, to administer the medication. Electronic medical orders and/or faxes are acceptable from providers.

THIS FORM MUST BE COMPLETED AND SIGNED BY A PARENT / LEGAL GUARDIAN FOR ALL MEDICATION TO BE TAKEN IN SCHOOL. THIS FORM EXPIRES AT THE END OF THE SCHOOL YEAR.

\_\_\_\_\_  
Name of student Grade

\_\_\_\_\_  
Medication Dosage Amount to be given at school

\_\_\_\_\_  
Possible Side Effects and Action to be taken

\_\_\_\_\_  
Diagnosis/Reason for taking medication

**I have read and agree with Falmouth Public Schools Medication Policy (JLCD)**

\_\_\_\_\_  
Physician signature Date

\_\_\_\_\_  
Parent signature Date