



Addison Northwest

SCHOOL DISTRICT

ADDISON | FERRISBURGH | PANTON | VERGENNES | WALTHAM

- The school nurse must have this completed form before medication will be given at school.
- An adult must bring the medication to school.
- Medication must be in the original pharmacy container and label.
- The school nurse may delegate administration of subsequent doses to another staff member.

Medication Order:

Student Name _____ DOB _____

Medication _____ Strength _____

Dosage/Route/Time _____

Start Date _____ End Date _____

Reason for medication _____

Healthcare Provider Signature _____

Parent's permission for:

- Health care provider may share information

I give permission for _____ to share information with
Healthcare provider

School nurse/s, _____ RN, concerning my child's medication(s).

- Medication to be given at school

I give permission for the medication prescribed above to be given to my child at school by the school nurse or nurse's designee.

Parent or Guardian Signature _____

FCS fax- (802) 877-6377

VUES fax- (802) 877-1115

VUHS fax- (802) 877-2558