The Public Schools of Dover and Sherborn
Coordinated School Health Program
157 Farm Street, Dover, MA 02030
www.doversherborn.org
Aimee Versaw, BSN, RN, Nurse Leader/ School Nurse Pine Hill
Janet Chandler, BSN, RN, School Nurse High School
Margaret Parsons, BSN, RN, School Nurse Middle School
Kate Pollender, BSN, RN, School Nurse Chickering School
Dr. Richard Garber, District Pediatrician

School Medication Plan/Log

Child's Name: _____ Birthdate:_____ Classroom/grade: ____

Medication:_____Dosage/Freq:_____Route:_____

Licensed Prescriber Name/Phone number: _____

Plan for field trips? send: _____ do not send:_____ contact prior to trip: _____
Plan for early release/late start? _____
Other comments/instructions:_____

** **I give permission for the school nurse,or staff delegated by the school nurse, to administer and/or supervise my child in taking this medication. I understand that it is my responsibility to send my child's medication for all after-school activities. I understand that I may pick up my child's medication at any time during the school year however any medication not picked up at the end of the day on the last day of school will be destroyed per MA state law.**
Required Signatures:

Parent/Guardian: _____ date:_____

School Nurse: _____ date: _____

Date	# received	# remaining	Nurse signature	Parent signature

Date returned/discarded:_____ Nurse signature:_____

Med log page 2/2 (if needed)

Date	# received	# remaining	Nurse signature	Parent signature