

Bernice Ray School, Hanover NH
Request Authorization For Administration Of Medication By School Personnel

The New Hampshire State Law requires MD/APRN/PA's written order and the parent or guardian authorization to administer medications or, in his/her absence, the principal and/or designated staff to administer medications. Medications must be pharmacy-prepared containers and labeled with the name of student, name of drug as well as strength, dosage and frequency. Also needed are the name of the prescribing MD/APRN/PA and date of original prescription.

PHYSICIAN/APRN/PA ORDER

Name of Student _____ Date _____

Address _____ DOB _____

Condition for which the drug is needed to be administered during school hours _____

Drug (name, dose, and method of administration) _____

Time of administration _____

Relevant side effects to be observed, if any _____

_____ MD/APRN/PA

Authorization by Parent/Guardian of the above medication by school personnel:

To School Personnel:

I request that the above medication, ordered by the MD/ARNP/PA for my child _____, be administered by school personnel. I understand that I must supply the school with prescribed medication in the original container dispensed and properly labeled by physician or pharmacist and will provide no more than a 30 school day supply. I understand that this medication will be destroyed if it is not picked up within one week after the closing of school.

Name _____

Signature: _____ Relationship to Child _____

Phone: _____ Date: _____