

WAYLAND PUBLIC SCHOOLS

MEDICATION ORDER/CONSENT FORM

To Be Completed by Licensed Prescriber and Parent

Student's Name: _____ DOB: _____ Sex: _____

Address: _____ Grade: _____

Pertinent Medical Condition(s): _____

Allergies: _____

Name of Licensed Prescriber: _____ Title: _____

Telephone Number: _____ Date of Order: _____

Consent for Self Administration (Inhalers Only): Yes NO
(Provided school nurse deems it safe & appropriate)

Administration of Prescription Medication: _____
(one prescription medication per form) (name of medication)

Dosage: _____ Route of Administration: _____

Frequency: _____ Times of Administration: _____

Specific directions or information for administration:

Administration of Non-prescription (over the counter) Medication(s):

Acetaminophen: Dose _____ Route _____ Frequency _____ Specific Dir: _____

Ibuprofen: Dose _____ Route _____ Frequency _____ Specific Dir: _____

Antacid: Dose _____ Route _____ Frequency _____ Specific Dir: _____

Other: _____ Dose _____ Route _____ Frequency _____ Specific Dir: _____

Other medication taken by student: _____

I give permission for the School Nurse to administer the above medication(s) to this student.
Please note: Whenever possible, medication should be scheduled at times other than school hours.

Licensed Prescriber's Signature

Date

Parent's Signature

Date

Please return the completed form to the attention of the School Nurse at the appropriate school:

- | | | | |
|----------------|---------------------|----------------------------|-----------------------|
| High School: | Fax: (508) 358-8082 | Address: 264 Old Conn Path | Phone: (508) 358-3712 |
| Middle School: | Fax: (508) 655-2548 | Address: 201 Main Street | Phone: (508) 655-6670 |
| Claypit Hill: | Fax: (508) 358-3793 | Address: Adams Lane | Phone: (508) 358-3779 |
| Happy Hollow: | Fax: (508) 358-3761 | Address: 63 Pequot Road | Phone: (508) 358-6051 |
| Loker | Fax: (508) 650-4007 | Address: Loker Street | Phone: (508) 655-6086 |
- Wayland, MA 01778