

\* please return with Medication that does not expire before 6/30/16.\*  
2015 - 2016

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