

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:

Adminstration 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