

ADDISON-RUTLAND SUPERVISORY UNION

FAIR HAVEN, VERMONT 05743-1094

Phone (802) 265-4905 Fax (802) 265-2158

PRESCRIPTION MEDICATION

Order and Permission

(To be returned to the School Nurse)

Name of Student: _____

In grade _____ at _____ School.

to take (medication): _____

dosage: _____

direction: _____

Reason for giving: _____

Physician's Signature

Date

I hereby give permission for _____
Student

in _____ at _____ School
Grade

to take the above prescribed medication as ordered.

Parent's Signature

Date

No prescription medication will be given at school until the school receives this completed form with the prescribed medication in the **pharmacy labeled container** (ask pharmacy for second labeled bottle to provide school with medication). All medication will be routinely kept in the nurses' office with the possible exception of inhalers and Epi-pens.

Signature of school nurse: _____ Date: _____