



**Woburn Public Schools  
Health Services**

**Medication Permission Form**

*This form is to be completed by **physician** and **parent** before any medication (over-the-counter or prescription drug) can be dispensed in school. (M.G.L. Chapter 112 section 80)*

**Student name** \_\_\_\_\_ **School** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Grade** \_\_\_ **M or F** (Circle one)

**PHYSICIAN:** Please complete the form if the above named student must take prescribed medication during school hours and it cannot be given at home.

**Medication** \_\_\_\_\_ **Dosage** \_\_\_\_\_ **Route** \_\_\_\_\_

**Frequency** \_\_\_\_\_ **Times(s) to be given at school** \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Date of order: \_\_\_\_\_ Discontinuation date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Drug/Food Allergies: \_\_\_\_\_

Name of licensed prescriber: \_\_\_\_\_ (print) Title: \_\_\_\_\_

Signature of licensed prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Consent for self administration (inhalers, insulin, enzymes, and epi pens only):** Has the student been instructed to self administer medication and may he/she do so in school and on a field trip?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (The school nurse must determine it to be safe and appropriate.)

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**PARENT:**

Name of Parent/Guardian: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Please list additional medications taken at home \_\_\_\_\_

I, the undersigned parent or guardian, give permission to the school nurse to administer the above medication to my child. I authorize the School Nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my son's/daughter's health and safety.

I understand I may retrieve the medication from the school at any time; however, the medication will be destroyed if not picked up within one week following termination of the order or by the last day of school.

I have read the medication policy located on the back of this form.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_