THACHER
MONTESSORI SCHOOL

MEDICATION PRESCRIPTION FORM

Our policy permits a responsible, trained student to carry and/or self-administer medication with parent request and approval and school nurse approval. Medication administered must be consistent with school policy and a medical plan must be developed with the school nurse in accordance with the Massachusetts Regulations Governing the Administration of Prescription Medication in Public and Private Schools (105 CMR 210.000).

To be completed by a licensed prescriber

Name of student: _____ Date of birth: _____

Address: _____

Medication: _____ Dosage: _____

Route of Administration: _____ Frequency: _____ Time(s): _____

(Please note: whenever possible medication should be scheduled at times other than school hours)

Specific directions for administration: _____

_____

Diagnosis/Reasons for Medication:_____

Name of Licensed Prescriber: _____

Signature of Licensed Prescriber: _____

Date: _____