

**CONCORD SCHOOL DISTRICT HEALTH SERVICES  
ADMINISTRATION OF MEDICATION IN SCHOOL**

The New Hampshire State Board of Education Policy concerning the administration of medication in school requires that the following steps be completed before any medication may be administered during the school hours.

1. A written physician's order which includes the name of the medication, the dosage, the time the medication is to be taken, and the length of time the child is to be on the medication.
2. Written authorization from the parent/guardian of the pupil indicating their desire that the school assist the pupil in the matters set forth in the physician's statement accompanied by a "hold harmless" statement signed by a parent/guardian.
3. The prescription must be delivered to school in a container labeled by a pharmacist with the student's name, the physician's name, the date of the original prescription, name and strength of medication and directions for administration of the medication. (Your pharmacists may provide you with an extra bottle for use at school upon your request at the time they fill the prescription.)

**PHYSICIAN'S STATEMENT**

I hereby instruct the designated member of the school staff to assist \_\_\_\_\_  
*Pupil's name* *DOB*  
in taking \_\_\_\_\_ of \_\_\_\_\_  
*Dose* *Medication*

(Please select): at \_\_\_\_\_ for all school days OR \_\_\_\_\_ for \_\_\_\_\_ days OR \_\_\_\_\_ PRN  
*Time* *Time*

Condition being treated: \_\_\_\_\_

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

*Students may carry their inhalers with them at school and use as directed. The necessary paperwork must be on file in the Health Office.*

**Parent/Guardian's Authorization**

I hereby request and give my permission for a designated member of the Concord School District to assist my child, \_\_\_\_\_ in taking the above medication. I release said person from responsibility of any adverse effects from the medication.

At the close of the school year I would like my child's medication to be:

\_\_\_\_\_ Picked up by Parent/Guardian      OR      \_\_\_\_\_ Sent home with Student

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_