HOOKSETT SCHOOL DISTRICT
PRESCRIPTION MEDICATION ADMINISTRATION FORM

Dear Parent/Guardian and Physician:

The school must keep a letter from the student's physician/prescriber on file authorizing a student to take a medication (required for prescription and over-the-counter medication) during school hours. This letter must specify the name, dosage, time to be taken, expected duration of order, and side effects. A new order must be written if the medication is changed during the school year. Without a prescription order, your son/daughter cannot receive the medication during school hours. Thank you in advance for your assistance and cooperation.

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HEALTH CARE PROVIDER/PRESCRIBER SECTION

STUDENT NAME: _____ D.O.B. _____

Medication/Procedure: _____ Dosage: _____

Route: _____ Time Of Administration: _____ Reason: _____

Inhalers and Epi-pens may be carried by students and self-administered with a written permission form from the medical provider and parent/guardian.

Prescriber Signature: _____ Date: _____

Prescriber Name (please print): _____ Tel. #: _____

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PARENT/GUARDIAN SECTION

I, the parent/guardian, authorize the school nursing staff or designee to assist and record the proper administration of this medication or treatment and to contact the medical provider as needed. I agree that I will not hold liable any member of the school staff whose duty it is to assist my child in taking the medication or treatment.

Parent Signature: _____ Date: _____

Note: Medication must be in the original pharmacy or manufactured labeled container.
Only a 30-day supply can be accepted at any time.
Students are not allowed to carry medications, prescriptions, or over-the-counter medications (e.g., Tylenol) during the school day or school-sponsored activities.
ALL MEDICATION MUST BE DELIVERED TO THE HEALTH OFFICE BY A PARENT/GUARDIAN
MEDICATION ORDERS MUST BE RENEWED EVERY SCHOOL YEAR.

Updated: 3/8/24