

MEDICATION IN SCHOOL

PHYSICIAN'S STATEMENT

Under the provision of R.S.A. 541-A, as of November 20, 1974, when it is found necessary to place a child on medication during the school day, the child **MUST** have the following information:

Child's Name: _____

Diagnosis: _____

Medication: _____

Dosage: _____

Time Schedule: _____

Medication to be taken from: _____ to _____
DATE DATE

**Doctor's Signature

** A note from the doctor containing the above information is acceptable. This may be completed at the same time he/she is writing out your prescription.

** ** *

PARENT RELEASE:

I request the school to supervise my child, _____

to take the following medication, as prescribed by Dr. _____

Medication: _____

Dosage: _____

Due in School at: _____
time

** Parent Signature

** A note from the parent with the above information is acceptable.

Non-prescribed medication (any medicine without a doctor's order) such as aspirin, cough syrup, etc. **MAY NOT** be given in school. This is following the policies of the Mason School District, The New Hampshire Board of Education, and the New Hampshire Board of Nursing Registration.