



**Dorchester School District Four
School Health Services
Doctors Orders**



Medication ☐ Procedure ☐ Both ☐

Student Name _____ DOB _____

School _____ Grade _____ Teacher _____

Medication/Procedure _____ Dosage/Specifics _____

Purpose of Medication/Procedure _____ ICD CODE: _____

Time of day medication/procedure is to be given: _____

Please indicate where the morning dose will be given: _____ Home _____ School _____

Possible side effects: _____

Anticipated number of days medication needs to be given at school: _____

Known Allergies: _____

STATE REQUIREMENT: DOCTOR MUST SIGN THIS FORM BEFORE ANY MEDS ARE GIVEN AT SCHOOL

Physician Name (print) _____

Full Address of Physician's Office and Phone Number with Area Code _____

SIGNATURE OF LEGAL PRESCRIBER /CREDENTIALS

Date

PARENT /GUARDIAN MUST SIGN BELOW:

As the parent/guardian, I ask that the above medication/procedure be administered to my child as directed and hereby release everyone participating in this request from any and all liability associated therewith or stemming therefrom.

1. When the school nurse is not available, a trained designee may assist your child in taking his/her medication.
2. I understand that all requests for medication to be given at school must be made following the DD4 policy for Medication Management at school. This policy can be found on the district website.
3. I understand that all requests for medication to be given at school must be submitted on this form, and approval is at the discretion of the District after review of both completeness and appropriateness of administration within the school setting.
 - a. All prescription and over the counter medications, including but not limited to acetaminophen/ibuprofen, cough medicine, vitamins, supplements, cough drops, and lotions/ointments will not be given at school without this form completed by a legal prescriber and in a properly labeled container by a registered pharmacist as prescribed by law.
 - b. Herbals, food supplements, alternative medicinal products, and other items that do not have FDA approval will not be given at school without this form completed by a legal prescriber and in a properly labeled prescription container by a registered pharmacist.
 - c. Students may never take the first dose of a medication at school to ensure proper home monitoring for side effects.
 - d. When changes are made in procedure requirements, medication, dosage, or time, an updated form must be received.
4. After approval, medications must be submitted to the school nurse following all District guidelines:
 - a. Medications are brought in by the parent/guardian, **NOT THE STUDENT**.
 - b. Medication must be in the current prescription bottle/package and must be properly labeled.
 - c. Only a 30-day supply may be delivered to the school.
5. All medicine not registered with the school nurse will be in direct violation of district policy.
6. Parents are reminded that school personnel will dispose of medication not claimed at the end of the school year.

Signature of Parent/Guardian/Telephone Number

Date

Signature of School Nurse

Initial Quantity of Medication Received

Date