

CANTON PUBLIC SCHOOLS *HEALTH SERVICES*

Canton High	Galvin Middle	Hansen	J F Kennedy	Luce	Rodman
781-821-5050x110	781-821-5070x110	781-821-5085x102	781-821-5080x102	781-821-5075x109	781-821-5060x508
Fax 781-821-5057	Fax 781-575-6562	Fax 781-575-6558	Fax 781-575-6563	Fax 781-575-6505	Fax 781-575-6500

Medical Provider Permission to Administer Medications in School

Name of Student: _____ Date of Birth: _____

Street Address: _____ Grade: _____

City/Town: _____

Name of Licensed Prescriber: _____ Title: _____

Business Telephone Number: _____

Emergency Telephone Number: _____

Medication: _____

Route of Administration: _____ Dosage: _____

Frequency: _____ Time(s) of Administration: _____

Please note: Whenever possible, medication should be scheduled at times other than school hours.

Specific directions or information for administration: _____

Date of Order: _____ Discontinuation Date: _____

*Diagnosis: _____

*Any other medical condition(s): _____

*Other medications being taken by the student: _____

*If not in violation of confidentiality.

Specific side effects, contraindications, or possible adverse reactions to be observed: _____

Date of the next scheduled visit or when advised to return to prescriber: _____

Consent for the self-administration. (Provided the school nurse determines it is safe and appropriate).

Yes _____ No _____

Signature of Licensed Prescriber

Date