

Hopkinton Middle High School
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**ADMINISTRATION OF PRESCRIPTION MEDICATION
 IN SCHOOL**

The New Hampshire State Board of Education and Hopkinton School District Policy requires that the following must be completed before any prescription medication will be dispensed.

1. A written Doctor's order which includes the information below:
2. A written authorization from parent or guardian indicating the desire that the school assist the student in matters set forth in the doctor's order, accompanied by a hold harmless release, and signed by the parent/guardian.
3. The medication must be in its original container, labeled by a Pharmacist with the student's name, physician's name, date of original prescription, name and strength of medication, and directions for use.
4. Only a 30 day supply of medication at one time.

**ALL PRESCRIPTION MEDICATIONS MUST BE BROUGHT TO THE NURSE'S OFFICE BY A PARENT/GUARDIAN.
 STUDENTS CANNOT CARRY MEDICATIONS.**

DOCTOR'S ORDERS

I hereby instruct the designated member of the school staff to assist: _____

In taking the following medication: _____

Time: _____

Duration: _____

Medication should be taken: before meals during meals after meals

Condition being treated: _____

Side effects / adverse reactions / contraindications: _____

The student will carry his/her own rescue inhaler and use as directed: yes no

The student will carry his/her own epi-pen for use as directed: yes no

 PHYSICIAN SIGNATURE

 PHYSICIAN NAME PRINTED

 PHONE NUMBER

 DATE

PARENT/GUARDIAN AUTHORIZATION

I hereby request and give my permission for a designated member of the school staff to assist my child

_____ In taking the above medication. I release said person from responsibility for any adverse effects of the medication.

Other medication the student receives: _____

 PARENT/GUARDIAN SIGNATURE

 DATE

