

**PRESCRIPTION MEDICATION ORDER AND PERMISSION FORM  
TO BE FORWARDED TO THE SCHOOL NURSE**

Date \_\_\_\_\_

I hereby give my permission to \_\_\_\_\_ to release information to  
*Physician's Name*

Barre Town Middle &Elementary School concerning medication(s) prescribed for

\_\_\_\_\_  
*Name of Student*

Signature of Parent or Guardian \_\_\_\_\_

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Medication \_\_\_\_\_

Directions \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Reason for Giving \_\_\_\_\_

Signature of Physician \_\_\_\_\_

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I hereby give my permission for the above named student to take the medication as prescribed  
above at school.

Signature of Parent or Guardian \_\_\_\_\_

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No medication will be given at school until the school receives this completed form with the prescribed  
medication in a container appropriately labeled by the pharmacy or physician.

All medicine brought into the school must be kept in the Health Room during school hours.

Date Received \_\_\_\_\_ Signature of School Nurse \_\_\_\_\_