Noble Health Center
388 Somersworth Road
North Berwick, Maine 03906
(207) 676-2175 Fax: (207) 676-2204

PERMISSION TO ADMINISTER MEDICATIONS IN NOBLE HIGH SCHOOL

Student's Name: _____

Name of Medication: _____

Health Care Provider: _____

Reason for Medication: _____

Dosage (amount, date & time given): _____

Possible Side Effects: _____

I (print) _____ am not available to dispense the above named medication during school hours. I understand that this may be administered by non-medical personnel and give my permission for the medication to be given to the student named above. Information regarding the medication may be shared with appropriate personnel.

Signature of Parent/Guardian: _____ Date: _____

For medications to be given over 15 days:

Signature of Health Care Provider: _____ Date: _____

1. ALL medication must be brought in to the school nurse by the parent/guardian in the original prescription bottle. The student may carry respiratory inhalers and epi-pens.

2. MSAD #60 reserves the discretion to reject any requests for medication administration.

3. MSAD #60 medication policy and required forms will be provided to parents upon request.

4. MSAD #60 disclaims any and all responsibility for diagnosis, prescription, and treatment pertaining to medication administration including side effects.