

Farmington River Regional School District

Otis & Sandisfield

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Medication Dispensing – In-School Permit

To be completed by a parent or guardian:

I authorize the School Nurse to see that my child _____ receives the medication prescribed by Dr. _____ for the school year from _____ to _____.

This medication is to be in a labeled container with the name of the medication, the amount to be given, time to be given, the name of the student and the prescribing physician's name on the label.

Signature of parent/guardian: _____

To be completed by the physician:

Name of medication: _____

Dosage of medication: _____

Time of Administration: _____

Special instructions: _____

Signature: _____

Physician, Dentist, Nurse Practitioner, etc.

Date: _____