

# ROCHESTER SCHOOL HEALTH SERVICES

SCHOOL YEAR: 20\_\_ - 20\_\_

## PHYSICIAN STATEMENT

Under the provision of *Ed 311.02 effective March 15, 2006*: when it is found necessary to place a child on medication during the school day, the school must have the following information:

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Administration time:** \_\_\_\_\_

**This medication is to be taken from:** \_\_\_\_\_ **to** \_\_\_\_\_  
*Date* *Date*

**Physician's Tele #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature* *Date*

A note from the Physician containing this information is acceptable.

**Other:**

## PARENT'S REQUEST FOR MEDICATION AT SCHOOL

I, the Parent, authorize the school to assist my child, \_\_\_\_\_, in taking medication and agree that I will not hold liable any member of the school staff or an individual of official capacity whom is directed by me (the Parent) and the school administrator or nurse to assist our child in taking the medication.

\_\_\_\_\_  
*Parent/Guardian Signature* *Date*

**Home Tele #:** \_\_\_\_\_ **Work Tele #:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_ **Teacher:** \_\_\_\_\_

### MEDICATION MUST BE:

***BROUGHT DIRECTLY TO HEALTH OFFICE BY PARENT/RESPONSIBLE ADULT***

- ❖ In a pharmacy labeled bottle with the students name and correct dosage.
- ❖ Contains only enough medication for one (1) week.
- ❖ A physician's order for the medication must be on file in the Health Office and be renewed each school year.

Day Mon.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AUG																															
SEPT																															
OCT																															
NOV																															
DEC																															
JAN																															
FEB																															
MAR																															
APR																															
MAY																															
JUN																															

### Symbol Log

- A = Absent
- NS = No Show
- O = No meds available
- R = Refused
- S = Snow Day
- FT = Field Trip

### Initial Log:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Return to the student's school or the Rochester School Health Service • 150 Wakefield Street • Suite 8 • Rochester, NH • 03867*

*Secured FAX Line: (603) 330-3743*