



PRESCRIBED MEDICATION
AUTHORIZATION FORM
SUMMER PROGRAM

Student Name: _____ **Date of Birth:** _____
(LAST) (FIRST) (M/D/YY)

Under Massachusetts General Laws (M.G.L.) chapter 112, § 80B, a licensed nurse must have a medication order from a physician, dentist, nurse practitioner, or physician's assistant in order to administer any medication. Participants requiring prescribed medication while at a MacDuffie summer program must have a physician's order on file at the start of the program, which includes both the physician and parent/guardian signatures.

The parental signature below gives MacDuffie School permission to access all pertinent information, from your child's physician regarding the dispensing of the medication listed below, and permits authorized MacDuffie School persons to administer or assist the student in taking the medication listed below. Medications are to be kept in the nurse's office, and must be brought to the nurse's office by the legal guardian of the student. Students may self medicate when authorized by the physician, parent, AND school nurse.

(SIGNATURE OF STUDENT AGE 18+ or PARENT/GUARDIAN)

(DATE)

***Please note: This form is NOT required for over-the-counter (OTC) medications listed on the OTC Medication Authorization form (such as Tylenol, Ibuprofen, Motrin, Benadryl, etc.)**

THE FOLLOWING IS TO BE COMPLETED BY THE PHYSICIAN. **All fields required

(*PLEASE USE ONE FORM FOR EACH MEDICATION)

Name of Medication: _____

Dose: _____ Time of Administration: _____ Route: _____

Diagnosis/Indications for which the medication is given: _____

Start date: _____ Stop date: _____

Student may carry (if applicable to school protocol) and self medicate: Yes _____ No _____

List significant side effects: _____

Physician Printed name and phone: _____

Physician signature: _____ Date: _____

****This authorization expires on the last day of summer camp of the year signature date****