

DERRY COOPERATIVE SCHOOL DISTRICT – SAU 10
(Office of the School Nurse)

NOTE TO PARENTS:

The school is required by law to have on file an order from your child's physician authorizing the administration of metered dose inhalers, dry powder inhalers, or Epinerphrine Auto injectors. A new order must be written each time the medication is changed. This physician's order is valid for one school year.

TO THE PHYSICIAN:

Name of Student: _____

Diagnosis: _____

Medication to be Given: _____ Route: _____

Specific Recommendations: _____

Side effects, contraindications and adverse reactions: _____

This student has the knowledge and skills to safely possess and use the above medications:

____ **Yes** ____ **No**

Physician's Signature Required: _____ Date: _____

Physician's Name (Printed or Stamped): _____

Business Phone: _____ Emergency Phone: _____

PARENTAL PERMISSION "HOLD HARMLESS STATEMENT"

We, the parents, authorize the School Administrator to direct members of the school staff to assist our child in taking oral medication and/or medication by injection, and agree we will not hold liable any member of the school staff or an individual of official capacity who is directed by us (the parents) and the School Administrator to assist our child in taking the prescribed medication according to the directions indicated above.

My child has permission to carry the above medication ____ **Yes** ____ **No**

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature (Printed)

Emergency Phone Number