

Rice Memorial High School
99 Proctor Avenue, South Burlington, VT 05403
Tel: (802) 862-6521 Fax: (802) 864-9931

Medication Order and Permission Form

The school nurse **must** have written parent/guardian permission and a health care provider's order before prescription medication will be given at school. The health care provider may fax an order to the school.

A parent/guardian must bring the medication to school in a pharmacy labeled container. All medicine must be kept in the nurse's office unless the health care provider and parent/guardian have given permission for the student to carry the medication for self-administration.

Name of Student: Leila Flanagan DOB: 6-4-09

Medication Order:

Medication: Sertraline 50mg

Dosage/Route/Time: oral AM

Start Date: ongoing End Date: per MD Rx

Reason for taking: anxiety/OCD

Health Care Provider Signature: _____
*(Required for prescription medications)

Parent/Guardian Permission:

I give permission for the medication prescribed above to be given to my child at school by the school nurse or her designee. *In the event Home morning dose is forgotten.*

Signature of Parent/Guardian: Nancy J. du Mont