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ONLY students with prescription or non-prescription medication going on field trip need this form completed!

MEDICATION ORDER for SCHOOL and Field Trips

(to be completed by a Licensed Prescriber: Physician, Nurse Practitioner, or others authorized by Chapter 94C)

Name of Student _____ Date of Birth _____

Address _____ Grade _____
(street) (city/town)

Name of Licensed Prescriber _____ Title _____

Office Phone _____ Emergency Phone _____ Fax _____

Medication _____ Route _____

Dosage _____ Frequency _____ Time(s) of Administration _____

Specific directions or information for administration _____

Date of order _____ Discontinuation date _____

Diagnosis _____

Any other medical condition(s) _____

Special side effects, contraindications, or possible adverse reactions to be observed _____

Other medication being taken by the student: _____

The date of the next scheduled visit or when advised to return to prescriber _____

Consent for self administration (provided school nurse determines it is safe and appropriate). Yes _____ No _____

_____/_____/_____
Signature of licensed prescriber Date

Parent/Guardian Complete:

_____ I give permission to the school nurse to give the above medication to my child at school

_____ I give permission for my child to self administer the above medication if the school nurse and my child's doctor feel that it is safe

_____ I also give permission to share information relevant to the prescribed medication as he/she determines appropriate for my child's health and safety. This includes teacher notification of possible medication side effects when appropriate.

_____ I give my child permission to carry and self administer this medication at school and on field trips (nurse must approve)

_____ I give the HVM school nurse my permission to train teachers on my child's medication to be administered on daytime field trips. I understand that only trained staff that have been trained and approved by the school RN can administer medication to my child when a nurse is not available. This does not apply to overnight field trips.

_____/_____/_____
Signature Parent/Guardian Date

The mission of Hill View Montessori Charter Public School is to provide a K-8 public education that promotes academic excellence using the Montessori philosophy.