

# NORTH MIDDLESEX REGIONAL SCHOOL DISTRICT HAWTHORNE BROOK MIDDLE SCHOOL

STRIVING FOR EXCELLENCE

64 BROOKLINE ROAD  
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## PHYSICIAN'S MEDICATION ORDER

**Physician:** Please be specific in providing instructions and information when completing this order for the care of this child who has a life-threatening allergy. From this plan, the school nurse will write and oversee this student's emergency care plan.

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

1. Allergy to: \_\_\_\_\_

Symptoms have occurred from: Ingestion \_\_\_\_, Inhalation \_\_\_\_, Direct Contact \_\_\_\_.

2. Has this child ever had an anaphylactic reaction? \_\_\_\_\_

When? \_\_\_\_\_

3. Please describe STAT action to be taken by school personnel.

a. Do you want Benedryl administered? \_\_\_\_\_

When? \_\_\_\_\_

Dose: \_\_\_\_\_

B. Is EpiPen to be given first? \_\_\_\_\_

EpiPen Order: \_\_\_\_\_

4. If an EpiPen has been prescribed, has the student been instructed in its use? \_\_\_\_\_

5. EpiPens are stored in an unlocked area in the Nurse's Office. Is it necessary for this student to carry an EpiPen at all times, during school hours? \_\_\_\_\_

♦ Please note: It is the responsibility of the parent, to notify the bus company of their child's allergy.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

### **Parent or Guardian:**

I, the undersigned, give permission to the School Nurse to administer the above named medication to my child. I understand that school personnel are not responsible for any problems arising from the taking of this medication, its side effects (if any), or for the omission of medication. I further agree to indemnify and hold harmless the School Committee and its agents and servants against all claims as a result of any or all acts performed under this authority.

I do \_\_\_\_\_ do NOT \_\_\_\_\_ give permission to the teachers at NMRSD to administer the above medication to my child if he/she is out of the school building during a field trip in accordance with MDPH limited delegation waiver.

Parent/Guardian Name (please print) \_\_\_\_\_

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