

SAINT JOHN THE BAPTIST SCHOOL

19 Chestnut Street

Peabody, Massachusetts 01960

Phone: 978-531-0444

Fax: 978-531-3569

www.stjohns-peabody.com



Dear Parents and Guardians,

Please review the enclosed paperwork. We are required to have a copy of current doctor's orders for each medication. Each medication will require a separate form, filled out by both parents/guardians and your child's physician. We will need all forms, medications in their original containers, and/or supplies returned to the nurse's office, on or before the first day of the new school year.

Please contact the nurse's office if you have any questions @978-531-0444, ext 319. Thank you for your help.

Sincerely,


Elizabeth Ambeliotis, RN

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MEDICATION CONSENT FORM

Name of student: _____ Grade _____

Name of medication: _____

Prescription: _____ Non-Prescription: _____

Dosage: _____ Route _____

Date ordered _____ Date to be discontinued _____

Times medication to be given: _____

Reasons for medication: _____

Name and phone number of prescribing physician: _____

Directions for storage and administration: _____

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

Doctors Signature: _____

I consent to have the school nurse or school personnel designated by the school nurse administer the medication prescribed by (Physician/Licensed Prescriber): _____

to my child(name): _____

I give my permission to the school nurse to share information relevant to the prescribed medication administration as she determines appropriate for my child's health and safety.

I understand I may retrieve the medication from the school at any time, however, the medication will be destroyed if not picked up within one week following the termination of the order or one week beyond the close of school.

Parent/Guardian Signature: _____ Date: _____

Relationship to child: _____ Address: _____