

Bow High School  
32 White Rock Hill Rd.  
Bow, NH 03304  
228-2210 Fax: 228-2212

**MEDICATION ADMINISTRATION FORM**

The NH Code of Administrative Rules: Education, Ed 311.02 for medication administration requires:

The school nurse, the building principal or designee to supervise any student who needs to take medication during the school day or to school sponsored activities.

**Students are not allowed to carry medication, prescription as well as over the counter medications (ie: Tylenol), during the school day or to school sponsored activities.**

**Inhalers and EPI-Pens may be carried by students and self-administered providing a completed medication administration form is on file in the health office.**

**Medication that is to be administered to a student must be in their original pharmacy or manufacturer labeled container and shall be delivered by a parent or guardian to the school nurse.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Time: \_\_\_\_\_ Reason: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Tel. \_\_\_\_\_  
Please print

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I request and give permission for the school nurse, principal or designee to assist my student in taking the above medication and release said person from responsibility for any adverse effects from this medication.

Parent/ Guardian Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
Please print

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