

KINGSTON ELEMENTARY SCHOOL  
MASSACHUSETTS UNION NO. 31  
and  
SILVER LAKE REGIONAL SCHOOL DISTRICT  
**MEDICATION ORDER AND AUTHORIZATION FORM**

Date \_\_\_\_\_

**PHYSICIAN'S ORDER**

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

Grade and Teacher \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Route \_\_\_\_\_

Time to be Administered \_\_\_\_\_

Side Effects \_\_\_\_\_

Date of Order \_\_\_\_\_ Discontinuation Date \_\_\_\_\_

Drug or Food Allergies \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Address and Phone Number \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

I hereby request and authorize the School Nurse to give my child \_\_\_\_\_  
the medication ordered above by his/her physician.

I also authorize the teacher of my child to dispense his/her medication during any field trips  
during the school year.

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

Address \_\_\_\_\_ Phone \_\_\_\_\_