



**MASHPEE PUBLIC SCHOOLS
HEALTH SERVICES**

Licensed Prescriber Medication Order Form

MPS Health Services is registered with the Massachusetts Department of Public Health (DPH) and in accordance with MA 105 CMR 210.00, the school nurse has the authority to select, train and supervise unlicensed school personnel to administer a prescribed Epinephrine Auto-injector. When students are off school premises (i.e. field trips) the school nurse cannot delegate assessment skills or the administration of "as needed" medications such as, but not limited to, Benadryl or Albuterol inhaler, and thus, cannot be administered to any student by unlicensed personnel.

Student Name _____ DOB: _____

Address: _____ Grade: _____

Licensed Prescriber Name: _____ Title: _____

Main Phone: _____ Emergency Phone: _____

Name of Medication: _____

Dosage: _____ Route: _____

Frequency: _____ Time to be given: _____

Please note: whenever possible, medication should be scheduled at times other than during school hours.

Specific instructions for administration (if applicable): _____

Date of order/Date of discontinuation: _____ / _____

Diagnosis (if not in violation of confidentiality): _____

Other medical diagnoses (if not in violation of confidentiality): _____

Special considerations, side effects, contradictions: _____

Other current medications taken: _____

Date of next visit with prescriber: _____

I deem it safe & appropriate for student to carry/self-administer per School Nurse discretion

Yes ___ No ___

Required Signature:

Licensed Prescriber Name: _____ Date: _____

Mashpee Middle High School Nurse Fax: 508.539.6721

Quashnet School Nurse Fax: 508.539.1556

KCC School Nurse Fax: 508.539.6794