



# Compass Classical Academy

A Public Charter School

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## Prescription Medication Order and Permission Form To be forwarded to the school nurse.

### To be filled out by parent/guardian:

Date: \_\_\_\_\_

I hereby give my permission to my son or daughter's physician/nurse practitioner  
\_\_\_\_\_ to release information to Compass Classical Academy concerning  
medication(s) prescribed for my son or daughter, \_\_\_\_\_, Date of Birth  
\_\_\_\_\_ and for my above named son or daughter to take the medication as prescribed at  
school. I will notify the school nurse if there are any changes in medication time or dosage, or if the medication  
is stopped.

Signature of Parent or Guardian \_\_\_\_\_



### To be filled out by healthcare provider:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Directions \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Reason for giving \_\_\_\_\_

Signature of healthcare provider \_\_\_\_\_

Phone number of healthcare provider \_\_\_\_\_ Fax \_\_\_\_\_



### To be signed by parent/guardian and healthcare provider (For rescue inhalers, Epi-Pens and diabetic supplies only):

I hereby give permission for (name of student) \_\_\_\_\_ to carry  
his/her own (name of medication \_\_\_\_\_) for his/her

(circle one) Asthma      Diabetes Mellitus      Allergy

Signature of Parent \_\_\_\_\_

Signature of healthcare provider \_\_\_\_\_



No medication will be given at school until the school receives this completed form with the prescribed medication in a container appropriately labeled by the pharmacy or physician.

All medication brought to school, with the exception of rescue inhalers, Epi-Pens, or diabetes supplies, must be kept in the Health Office.

