

Stephen F. Dockray
Superintendent-Director

Jean C. Mallon
Principal

John M. Roy
School Business Administrator



TRI • COUNTY

REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL
147 POND STREET • FRANKLIN • MASSACHUSETTS 02038
Administration Fax No. 508/528-6074 • Business Office Fax No. 508/528-3698
Web Site: www.tri-county.us

DIAL DIRECT FROM:
508-528-5400
Franklin, Norfolk, Medfield,
Millis, Medway, Walpole,
Wrentham.
508-376-2295
Millis, Medfield,
Medway, Sherborn.
508-226-2830
North Attleboro, Plainville,
Seekonk

MEDICATION PERMISSION FORM

TO: OFFICE OF THE SCHOOL NURSE

DATE: _____

Name of Student: _____ Gr: _____

School: Tri-County Regional Vocational Technical High School

I understand that the School Health Policy requires special permission for the use of any medication by students during school hours. I hereby give permission for my child to bring to the school nurse the amount of medication to be dispensed during the school day. All medication is to be in its original container, clearly marked with the name of the medication, the dosage, and the amount to be given. Medication must be locked in the nurse's medicine cabinet during school hours. Exceptions to this rule must be specified in writing by a physician below.

This form must be signed by both the parent and the physician.

Parent / Guardian Signature: _____

Name of Medication: _____

Directions for Dispensing (please include dosage): _____

Reason for Medication: _____

Signature of Physician: _____ Date: _____