

Stephen F. Dockray

Superintendent-Director

Michael Procaccini

Principal

Daniel Haynes

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. 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. (Unless the physician is sending a separate medication order)

Diagnosis: _____

Name of Medication: _____

Dosage required: _____

Time during school day to be given: _____

Possible side effects/adverse reaction: _____

Signature of Physician: _____ Date: _____

Parent / Guardian Signature: _____

School Fax: 508-528-6074