Project Contemporary Competitiveness, Inc. 230 Washington Street, Alumni Hall 209 Easton, MA 02357

HEALTH FORM #3 - PRESCRIPTION MEDICATION FORM

This form is to be completed only for students that require prescription medication while at PCC. All prescription medication to be given by the nurse requires a written physician order. *Both parent and licensed prescriber's sections must be completed and submitted no later than May 26, 2017.

A. PARENT SECTION:	
Student's name Last First	Date of Birth
	t Middle Initial
	e, administer the medication prescribed by the licensed prescriber
named below. I give the PCC Nurse permission to share information relevant to the prescribed medication	
administration as she determines appropriate for my child's health and safety. I understand that any medication that	
is not picked up by the close of the last day of the PCC Program will be destroyed.	
I give my child permission to self-administer his/her medication if the PCC nurse determines that it is safe and	
appropriate:	
(Parent/guardian signature)	(Date)
B. LICENSED PRESCRIBER SECTION:	
1 Madiantian	Doute of Administration
Dosage Eregueney	Route of AdministrationTime(s) of Administration
Side offects or special instructions	1 mic(s) of Administration
Data of order	Discontinuation Data
Date of order	_Discontinuation Date
2 Medication	Route of Administration
Dosage Frequency	Route of Administration Time(s) of Administration
Side effects or special instructions	1 m. (c) 01 1 mm.
Date of order	
3. Medication	Route of Administration
DosageFrequency	Route of AdministrationTime(s) of Administration
Side effects or special instructions	
Date of order	
4. Medication	Route of Administration Time(s) of Administration
Dosage Frequency	Time(s) of Administration
Side effects or special instructions	
Date of order	_Discontinuation Date
Signature of physician or licensed prescriber	
Signature of physician or neensed prescriber	
Print name of physician or li	censed prescriber Date

M.G.L. 430.160 (A): Storage and Administration of Medication

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.