

Nashua High School North Health Office

8 Titan Way Nashua, NH 03063

Fax: 603-966-2827

Kayla O'Brien, RN
School Nurse
603-966-2825



Dawna Adams, RN
School Nurse
603-966-2826

PHYSICIAN MEDICAL STATEMENT

Under the provision of RSA 541-A, as of November 1984: when it is found necessary to place a child on medication during the school day, the school must have the following information:

Child's Name: _____

Diagnosis: _____

Drug and Dosage: _____

Time and Schedule: _____

Medication to be taken from: _____ to: 6/30/_____
Date Date

Physician Signature

Date

PLEASE COMPLETE AND FAX TO: (603) 966-2827, (this is a secure fax line directly to the Nurse Office).

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DECLARACION MEDICA DEL MEDICO

Segun la disposicion de RSA 541-A, a partir de Noviembre de 1984: cuando se considere necesario administrar medicamentos a un nino durante el dia escolar, las escuela debe tener la siguiente informacion:

El nombre del nino: _____

Diagnostico: _____

Farmaco y dosis: _____

Hora y horario: _____

Medicamento que se tomara desde: _____ Hasta: 6/30/ _____

Fecha

Fecha

Firma del Medico

Fecha

POR FAVOR COMPLETE Y FAS AL: (603) 966-2827, (esta es una linea de fax segura directamente a la Oficina de Enfermeria).

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