

**TEWKSBURY PUBLIC SCHOOLS HEALTH SERVICES**

**MEDICATION PERMISSION FORM**

*This form is to be completed by physician and parent before any medication (over-the-counter or prescription drug) can be dispensed in school. (M.G.L. Chapter 112 § 80)*

Student name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_ M or F  
(please print) (Circle one)

**PHYSICIAN:** Please complete the form if the above named student must take prescribed medication during school hours and it cannot be given at home.

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

Frequency \_\_\_\_\_ Time(s) to be given at school \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Date of order: \_\_\_\_\_ Discontinuation date: \_\_\_\_\_

Diagnosis and other conditions requiring medication (if not a violation of confidentiality): \_\_\_\_\_  
\_\_\_\_\_

Drug/Food Allergies: \_\_\_\_\_

Name of licensed prescriber: \_\_\_\_\_ Title: \_\_\_\_\_  
(please print)

Signature of licensed prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Consent for self-administration: Has the student been instructed to self-administer medication and may he/she do so at school? Yes \_\_\_ No \_\_\_ (The school nurse must determine it to be safe and appropriate.)

**PARENT:**

Name of Parent/Guardian \_\_\_\_\_ Relationship to student \_\_\_\_\_  
(please print)

Please list additional medications taken at home \_\_\_\_\_

I, the undersigned parent or guardian, gives permission to the school nurse (or school personnel designated by the school nurse) to administer the above medication to my child, or to supervise my child in taking the above medication, if approved to do so by the school nurse. I authorize the school nurse to share information about such medication administration, as the school nurse deems necessary, for the health and safety of my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell/pager) \_\_\_\_\_

## TEWKSBURY PUBLIC SCHOOLS HEALTH SERVICES

Dear Parent/Guardian:

We would like to inform you of the policies that have been put in place to provide for the health and safety of students requiring medication administration during the school day.

The school nurse is responsible for the administration of all medication, as required by Massachusetts General Law, Chapter 94C. When your child needs a medication during the school day, please act promptly to follow this policy so that we may begin to administer the medicine as soon as possible. Thank you in advance for your cooperation.

The medication permission form must be completed in ink and be on file in the Health Office before any medication is administered.

The following statements highlight the main points of the policy. The entire policy is available for review in each health office.

- Medication orders must be renewed at the beginning of each school year.
- Non-prescription medication (over-the-counter) are treated the same as prescription medication. School physician protocols for acetaminophen (Tylenol) and ibuprofen (Motrin, Advil etc) and the circumstances for which they can be administered will be available. School protocols for emergency treatments of allergic reactions include epinephrine and benadryl, along with the use of bacitracin for wound treatment
- Daily medication administration will be scheduled at times other than during school hours.
- All medication must be delivered to the Health Office by the student's parent/guardian, or a designated adult.
- Only a thirty (30) day supply of medication will be accepted at any time.
- All medication must be delivered in a correctly labeled pharmacy, or manufacturer's medication container.
- The pharmacy-labeled container can be used in lieu of a physician's order only in the case of short-term medications, i.e., those medications to be given for ten (10) school days or less. If the school nurse has a question about the medication, she may request a licensed prescriber's order.
- Self-medication can be allowed under certain circumstances, after consultation with the school nurse. Unless authorized in writing by the school nurse, all medications to be self-administered must be kept in the nurse's office. Self medication is allowed for epipens, asthma medication, pancreatic enzymes and insulin
- If a medication needs to be given during a school sponsored event such as a field trip, the school nurse must be contacted in advance, in order to allow time to make special arrangements, prior to the outing.
- A parent may retrieve the medicine from the school at any time.
- All medications must be picked up by a parent/guardian, before the close of the school year. Any medications that are not picked up by the close of school will be destroyed

6/1/11