



2019 – 2020 PARENT/GUARDIAN AUTHORIZATION FOR PRESCRIPTION AND OVER THE COUNTER MEDICATION

Please fill out all areas. Form must be completed by the Parent or Guardian.

I request that my daughter/son _____ receive the medication prescribed in the form below by his/her physician _____

Date: _____

Address _____ Telephone _____

Parent/Guardian Signature: _____



This portion is to be filled out by the PRESCRIBING PHYSICIAN

I request that my patient receive the following medications:

Name of Student _____ Diagnosis _____

Medication _____ Prescribed Dosage _____

Route of Administration _____ Frequency _____ Times _____

Medication _____ Prescribed Dosage _____

Route of Administration _____ Frequency _____ Times _____

(Please note: Whenever possible, medication should be scheduled at times other than school hours)

Expected Duration of Treatment: _____

Possible Side Effects, Contraindications and Adverse Reactions _____

Other Recommendations _____

PLEASE PRINT

Physician's Name _____ Telephone # _____

Physician's Address _____

Physician's Signature _____ Date: _____

Please read Medication Policy on reverse side. Thank You.



Medication Policy

In compliance with Massachusetts General Law and for the safety of our students, this medication policy has been written and will be strictly enforced.

- I. The policy for administration of medications, whether prescribed or over-the-counter, during school hours, is as follows:
 - A. Prescription and over the counter Medication must be accompanied by a MEDICATION PERMISSION FORM (on reverse) signed by both the physician and parent/guardian. A signed physician's order, stipulating specific diagnosis requiring treatment, accompanied by a MEDICATION PERMISSION FORM signed by parent/guardian, will also be accepted.
 - B. Medication must be supplied by the parent in the original pharmacy container. (Please ask your pharmacist to provide a second container and send only the amount of medication needed to school.)
 - C. Medication is kept locked in the nurse's office and is dispensed by the School Nurse. For their own safety and the safety of other students, students are not allowed to carry medication around during school. When a physician deems it necessary for a student to have immediate access to medication (e.g., inhaler, Epi-Pen), the parent/guardian will provide documentation from the physician stipulating such necessity and confirmation that the student has been advised of cautions and proper use of medication in school.
 - D. All medication orders must be for treatment of a specifically diagnosed medical need and must be renewed at the beginning of each school year.

Psychotropic drugs may only be administered by a registered nurse.