LEXINGTON PUBLIC SCHOOLS Lexington, Massachusetts

MEDICATION PERMISSION FORM

This form to be completed by physician and parent For any medications to be dispensed in school.

Under Massachusetts General Laws (M.G.L.) chapter 112, § 80B, a licensed nurse must have a medication order from a physician, dentist, nurse practitioner, or physician's assistant in order to administer any medication, whether it is a prescription drug or over-the-counter medication.

Physician:

Please complete this form if the below named student must take prescribed medication during school hours and it <u>cannot</u> be given at home.

Student's Name		Grade
Diagnosis	Allergies	
Medication		
Dosage Prescribed		
Date Medication to Begin a	and to be discontinued	
Any Special Instructions		
Possible Side Effects		
If this is an emergency medi self-administer and may he/		n, etc., has student been instructed to No
Physician's Name	Address	
Physician's Signature	Telephone	
Note: Medication orders mu	ist be renewed at the begi	nning of each school year.
Parent or Guardian:	* * * * * * * * * * * * *	****
I the undersigned give permission to the	e school nurse to administer to or to s	unervise my child in taking the above medication. I

I, the undersigned, give permission to the school nurse to administer to or to supervise my child in taking the above medication. I understand that the school personnel are not responsible for any problems arising from the taking of this medication, its side effects (if any), or for the omission of medication. I further agree to indemnify and hold harmless the School Committee and its agents and servants against all claims as a result of any or all acts performed under this authority.

Parent or Guardian Signature

Telephone (Home)

Telephone (Work)

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.

The policy for administration of medications, whether prescribed or over-the-counter, during school hours, is as follows:

Medication must be accompanied by a medication permission form signed by both the physician and parent. For short term medications such as antibiotics, the prescription bottle is acceptable for a physician's order and the medication permission form or a written statement by the parent is also required.

Medication must be supplied by the parent in the original pharmacy container. (Please ask you pharmacist to provide a second container and send only the amount of medication needed to school.)

Medication is kept locked in the nurse's office and is dispensed by the school nurse. For your child's safety and the safety of other students, students are not allowed to carry medication at school. When a physician deems it necessary for a student to have immediate access to medication (inhaler), the parent will provide documentation from the physician stipulating such necessity and confirmation that the student has been advised of cautions and proper use of the inhaler in school.

All medication orders must be for treatment of a specifically diagnosed medical need and must be renewed at the beginning of each school year.

The parent may retrieve the medicine from school at any time and the medicine will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of the school year.