Bedford Public Schools
Bedford, Massachusetts

Medication Permission Form

This form is to be completed by a licensed prescriber 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 assistant in order to administer any medication, whether it is a prescription drug or over-the-counter medication.

Medication Order

Physician, Nurse Practitioner, Physician Assistant or other authorized by Chapter 94C:
Please complete this form if the below named student must take prescribed or over-the-counter medication during school hours.

Student Name _____ **Grade** _____ **DOB** _____

Medication_____ **Dosage** _____ **Route**_____

Frequency _____ **Time to be administered during school day** _____

Date of order _____ **Discontinuation date** _____

Diagnosis_____Allergies_____

Special Instructions_____

Possible Side Effects _____

Other Medical Conditions _____

Additional Medications taken by student _____

_____ _____
Physician's Name **Address**

_____ _____
Physician's Signature **Telephone**

Parent or Guardian:

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.

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

Turn over

_____ _____
Parent or Guardian Signature **Date**

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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:

1. Medication must be accompanied by a medication permission form signed by the student's physician and parent/guardian. For short term medications such as antibiotics, the prescription bottle is acceptable for a physician's medication permission order.

2. Medication must be supplied by the parent/guardian in the original pharmacy container. Please ask your pharmacist to provide a second container and send only the amount of medication needed to school.

3. 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 student must have immediate access to medication, the school nurse and parent/guardian will determine if the child is able to do self-administration. A medication permission form signed by the student's physician and the parent/guardian must be on file for self-administration of medication.

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

5. The parent/guardian 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.