

SPAULDING MEMORIAL SCHOOL  
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**2019-2020 MEDICATION PERMISSION FORM**

This form is to be completed by physician and parent for any medication to be dispensed at school. Under Massachusetts General Laws (M.G.L.) Chapter 112, Section 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.

**Medication Order**

**Physician, Nurse Practitioner or other authorized by Chapter 94C :**

Please complete this form if the below named student must take prescribed medication during school hours.

Student's Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication and dosage prescribed: \_\_\_\_\_

Time during school day to be given: \_\_\_\_\_

Duration of medication (start date/end date) \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Additional medications: \_\_\_\_\_

Consent to self-administer when appropriate: \_\_\_\_\_

Any known Allergies: \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_

**Parent or Guardian:**

I, the undersigned, give permission to the School Nurse to administer the above named medication to my child. I understand that 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 do \_\_\_\_\_ do NOT \_\_\_\_\_ give permission to the teachers at NMRSD to administer the above medication to my child if he/she is out of the school building during a field trip in accordance with MDPH limited delegation waiver.

Parent/Guardian Name (please print) \_\_\_\_\_

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

## 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. 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 in a public school by a registered nurse.

The North Middlesex Regional School District is committed to ensuring that all of its programs and facilities are accessible to all members of the public. We do not discriminate based on age, color, disability, national origin, race, religion, sex, or sexual orientation.