

Needham Public Schools
Health Services
Parental Authorization for Medication Administration in School

Student's Name _____ DOB _____ Gender _____

1. I give permission to have the school nurse administer the following **prescribed** medication(s) ordered by: _____ (Name of prescriber)

Medication Name _____ Dose _____

Medication Name _____ Dose _____

Medication Name _____ Dose _____

Medication Name _____ Dose _____

2. I give permission for the school nurse to share with appropriate school personnel information related to the prescribed medication administration. Yes _____ No _____

- If you have any restrictions on the release of information, please describe here: _____

3. I give permission to the school nurse to delegate administration of this medication(s), (as per Massachusetts medication regulations), to trained personnel while on school sponsored field trips as needed: Yes _____ No _____

- Medication(s) will be delegated to: _____ Role _____
- Back-up plan (if delegatee is unavailable) _____
- Plan for field trips: _____
- Plan for teaching self-administration if applicable: _____
- Other persons to be notified of medication administration: _____

4. Please list any medication your child takes outside of the school day: _____

5. I request that my child receives the prescribed medication at school prior to dismissal on early release days: Yes _____ No _____ N/A _____

6. For middle/high school students and at the nurse's discretion:: Do you give permission for your student to carry their prescribed inhaler, insulin, Epinephrine auto injectors, pancreatic enzymes in addition to having a supply in the Health Office? Yes _____ No _____

I, the undersigned parent or guardian, give permission to the school nurse (or school personnel designated by the school nurse) to administer the above medication(s) to my child, or to supervise my child in taking the above medication as approved by the school nurse. Please note that only a physician or nurse practitioner is legally authorized to prescribe ANY medication for a student. If possible, medications should be given at home before and/or after school hours. Medication must be given to the school nurse in a pharmacy labeled bottle, and must be kept in the clinic under the supervision of the school nurse.

Parent/Guardian Signature _____

Phone # _____

Print Name: _____ Emergency # _____

Relation to Student: _____ Date _____

Dear Parent/Guardian,

In order to administer medication to your student(s) during the school day, please adhere to the following policy:

- Both the Parental and Physician Authorization Forms must be completed in ink before any medication can be administered in school
- **Medication orders must be renewed at the beginning of each school year**
- Whenever possible, medication administration should be scheduled at times other than during school hours
- All medication(s) 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. medications that are to be given for ten (10) days or less. If the school nurse has a question about the medication, the nurse may request a licensed prescriber's order
- Self-medication may be allowed under certain circumstances after consultation with the school nurse; the school nurse has the final decision in determining if self-administration is deemed safe and appropriate
- If a medication needs to be given during a school sponsored event such as a field trip, the school nurse must be contacted at least two weeks in advance, in order to allow time to make special arrangements
- A parent/guardian may retrieve medication 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 at that time will be destroyed

Thank you for your assistance in this matter, feel free to contact your school nurse with any questions!