

**Needham Public Schools  
School Health Services**

**MEDICATION PERMISSION FORM**

*This form is to be completed by **physician** and **parent** before any medication (over-the-counter or prescription drug) can be dispensed in school. (M.G.L. Chapter 112 § 80)*

Student name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_ M or F  
(please print) (Circle one)

**PHYSICIAN:** Please complete the form if the above named student must take prescribed medication during school hours and it cannot be given at home.

**Medication** \_\_\_\_\_ **Dosage** \_\_\_\_\_ **Route** \_\_\_\_\_

**Frequency** \_\_\_\_\_ **Time(s) to be given at school** \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Date of order: \_\_\_\_\_ Discontinuation date: \_\_\_\_\_

Diagnosis and other conditions requiring medication (if not a violation of confidentiality): \_\_\_\_\_

**Drug/Food Allergies:** \_\_\_\_\_

Name of licensed prescriber: \_\_\_\_\_ Title: \_\_\_\_\_  
(please print)

Signature of licensed prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Consent for self-administration:** Has the student been instructed to self-administer medication and may he/she do so at school? Yes \_\_\_ No \_\_\_\_\_ (The school nurse must determine it to be safe and appropriate.)

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**PARENT:**

Name of Parent/Guardian \_\_\_\_\_ Relationship to student \_\_\_\_\_  
(please print)

Please list additional medications taken at home \_\_\_\_\_

I, the undersigned parent or guardian, gives permission to the school nurse (or school personnel designated by the school nurse) to administer the above medication to my child, or to supervise my child in taking the above medication, if approved to do so by the school nurse. I authorize the school nurse to share information about such medication administration, as the school nurse deems necessary, for the health and safety of my child. I agree to release, indemnify and hold harmless the Town of Needham, the Needham School Committee and their employees and agents, from and against any claim either my child, or I may have as a result of any act or omission, which may arise out of this authorization.

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

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell/pager) \_\_\_\_\_

**Please read the medication policy on the back of this form.**

Dear Parent/Guardian:

We would like to inform you of the policies that have been put in place to provide for the health and safety of students requiring medication administration during the school day.

The school nurse is responsible for the administration of all medication, as required by Massachusetts General Law, Chapter 94C. She may delegate this task to other trained personnel who may administer the medication under the direct or indirect supervision of the nurse. When your child needs a medication during the school day, please act promptly to follow this policy so that we may begin to administer the medicine as soon as possible. Thank you in advance for your cooperation.

**The medication permission form (see other side) must be completed in ink and be on file in the Health Office before any medication is administered.**

The following statements highlight the main points of the policy. The entire policy is available for review in each health office and in the office of the Director of Student Development and Program Evaluation.

- **Medication orders must be renewed at the beginning of each school year.**
- Non-prescription medication (over-the-counter) will be handled the same as prescription medication.
- Whenever possible, medication administration should be scheduled at times other than during school hours.
- All medication 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., those medications to be given for ten (10) school days or less. If the school nurse has a question about the medication, she may request a licensed prescriber's order.
- Self-medication can be allowed under certain circumstances, after consultation with the school nurse. Unless authorized in writing by the school nurse, all medications to be self-administered must be kept in the nurse's office.
- If a medication needs to be given during a school sponsored event such as a field trip, the school nurse must be contacted in advance, in order to allow time to make special arrangements, prior to the outing.
- A parent may retrieve the medicine 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 by the close of school will be destroyed.

10/1/2003

