

**SEEKONK PUBLIC SCHOOL
MEDICATION AUTHORIZATION FORM**

All students receiving medication at school (other than those listed on the Over-the-Counter medication protocol form) **must have written permission from the parent/guardian and a written doctor's order on file in the nurse's office.**

A fax copy may be accepted until the original can be mailed or brought to the health office. This form is valid for school year 20 ____ to 20 ____.

PARENT SECTION:

I, the undersigned as legal parent/guardian of _____, Grade _____, request the school nurse, or her delegate, to give my child the following listed medications as prescribed on this authorization and in accordance with Massachusetts law. I also authorize, as needed, the sharing of information related to my child's health between the school nurse and the health care provider listed below. I will comply with the procedure listed on the back of this form related to dispensing medications at school. _____

(medication)

_____ Date _____ Parent/Guardian Signature _____
_____ Home phone # _____ Work phone # _____ Cell phone# _____

Please list all medications your child is currently taking (to be completed if not in violation of confidentiality): _____

Please list all allergies your child has: _____

HEALTH PROVIDER SECTION:

I hereby instruct the school nurse to give the above student the following:

Medication	Dose	Route	Time	Diagnosis
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Side effects that may be experienced even if given as prescribed:

I have instructed this student in the proper use of the above listed medication (s). In my professional opinion _____ may/may not (please circle) carry and use this medication him/ herself.

_____ Printed name of provider _____ Signature of provider

Date _____ Phone number _____

Please turn over

Only medications prescribed by the student's health provider as being necessary to be taken by the student in the manner listed on this form may be brought to school. Written parent permission is also required. Self medication requires authorization from the doctor and the approval of the school nurse.

Medication brought to school will be given to the student according to the provisions listed on this form. Prescription containers must be clearly labeled with:

- The name of the student**
- The name of the provider**
- The pharmacy who dispensed the medication**
- The strength of the medication and the amount to be given (dose)**
- The specific time and specific situations the medication is given**

Parents should ask the pharmacist for a separate container labeled just for school time dose.

Over-the-counter medications must be in the original container/packaging.

All medication will be kept in a secure place. Any special instructions for storage must be written by the health care provider and given to school personnel.

Students carrying and administering their own medication must have the provider circle consent on the front of this form. The student will comply with the order as written and maintain the safety of the medication at all times. Students who need medication while at school may carry medication (such as, inhalers, insulin, Epi-pens and migraine medication) provided the following conditions are met:

- 1. The student is physically, mentally and behaviorally capable, in the written opinion of the physician, parent and school nurse, to assume responsibility and has been adequately instructed by the physician.**
- 2. The medication is necessary to the student's health and must be taken during school hours.**
- 3. The student has successfully demonstrated self-administration to the school nurse.**

Psychotropic drugs may not be carried and administered by the student during school hours.

Parent or other responsible adult will deliver the medication and the completed form to the school health office for review by the school nurse. Fax copies of this form are permitted until the original signed copy can be forwarded to the health office within 5 days.

A new Medication Authorization form must be completed for any change in dose, time or method of administration. It will be valid for the school year or until discontinued.

Medication must be picked up the parent or guardian within one day of the end of the school year or the medication will be discarded.

**Please direct all questions or concerns medications to the school nurse at:
(508) 336-7558 ext.128.**