

FENN

Administration of Scheduled Medication at School

Under Massachusetts Regulations 105 CMR 210.000, *et seq.*, school nurses and their unlicensed trained designees may administer prescription medication to a student provided the following:

- For medication lasting beyond 10 school days, a current signed medication order in writing is obtained from a licensed prescriber.
- For short-term medications (10 school days or fewer), a current pharmacy-labeled container can be used in lieu of a medication order.
- Parental/guardian permission is obtained.
- No more than a 30 day supply may be kept in The Health Office.
- The medication must be delivered directly to The Health Office by the parent/guardian.
- The medication must be approved by the FDA.
- The medication must be retrieved at the termination of the order or at the end of the academic year, otherwise it will be properly disposed of after one week beyond the close of school.
- A parent may terminate this request at any time in accordance with their son's health care provider. A parent must update The Health Office immediately upon any medication changes or termination requests.

Medication Lasting Beyond 10 School Days-To be Completed by the Licensed Prescriber:

Order Date: _____

Student Name: _____ D.O.B.: _____

Diagnosis: _____

Name of Medication: _____ Dose: _____ Route: _____

Purpose of Medication: _____

Frequency of Medication: _____ Time to be administered: _____

Side effects/adverse effects/contraindications: _____

Name of Prescriber: _____ Tel. Number: _____

Signature/Credentials of Prescriber: _____ Date: _____

Short-term Use of Medication-To be Completed by Parent/Guardian:

Student Name: _____ D.O.B.: _____

Diagnosis: _____

Name of Medication: _____ Dose: _____ Route: _____

Purpose of Medication: _____

Frequency of Medication: _____ Time to be administered: _____

Side effects/adverse effects/contraindications: _____

To be Completed by the Parent/Guardian:

I, the undersigned, give permission for the school nurse or designee to administer the above medication to my child at school as ordered. I agree to the terms set forth above.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Nurse Name: _____ Date: _____

School Nurse Signature: _____ Date: _____