

FENN

Administration of Scheduled Medication at School

Under Massachusetts Law 105CMR 210.000 school nurses and their unlicensed trained designees may administer both prescription and over-the-counter medication to a student provided the following:

- A current signed medication order in writing is obtained from a licensed health care provider.
- For short-term medications (ten 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.
- We can only accept FDA approved medications for administration at school.
- 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 in accordance with state regulations 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 will update the health office immediately upon any medication changes or termination requests.

To be Completed by the Licensed Health Care Provider:

Order Date: _____

Student Name: _____ D.O.B. _____

Diagnosis: _____

Name of Medication: _____ Dose: _____ Route: _____

Frequency of Medication: _____ Time to be administered: _____

Side effect/adverse effects/contraindications: _____

Name of Prescriber: _____ Telephone Number: _____

Signature/Credentials of Prescriber: _____ Date: _____

Short-term use of Medication:

Student Name: _____ D.O.B. _____

Diagnosis: _____

Name of Medication: _____ Dose: _____ Route: _____

Frequency of Medication: _____ Time to be administered: _____

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: _____

School Nurse signature: _____ Date: _____