

MEDICATION POLICY

As a general school policy, no medications will be dispensed at school except those designated as emergency medications. Examples of such emergency medications are those required for diabetic reactions, asthmatic attacks, and bee sting allergies. Other medications are to have their time schedules so arranged by your family doctor as to avoid being given during school hours. These include medicines required three times per day. This policy does not apply to psychotropic medications covered under Mass. General Law C71, Section 54B.

Regulations:

Emergency medication dispensed at school must be kept in the original pharmacy bottle. These medications must be accompanied by a medication permission form which has been signed by the doctor and parent/guardian. Additional forms are available through the school nurse's office and on the SEBRSD's web site. Medications for students grade K-6 must be brought to the school by a parent or guardian. Medications will be dispensed by the school nurse or principal or his/her designee only when absolutely necessary in accordance with the school policy and will not be dispensed after regular school hours. Non-prescription medicine will be given at the discretion of the nurse with parental/guardian consent. Each school will be responsible for maintaining current and accurate records of all students seen and action taken.

MEDICATION PERMISSION FORM

For Physician:

The below named student must take prescribed medication during school hours as it is required to be administered more than three times a day and can not be given at home only.

Name of Student: _____

Diagnosis: _____

Medication prescribed: _____

Dosage required: _____

Time during school day to be given: _____

Duration of medication: _____

Possible side effects/adverse reaction: _____

Child is able to self-administer inhaler/Epipen: _____

Date

Physician's Name (Signature)

Telephone #

Dear Parent or Guardian:

I, the undersigned, give permission to the school personnel to administer to my child, the above named medication. This information may be released to pertinent school staff, as is deemed necessary by the medical staff.

Date

Signature (Parent or Guardian)