Lexington Public Schools

Lexington, Massachusetts

MEDICATION PERMISSION FORM

This form is to be completed by a licensed medical provider and the parent/guardian before any medication (prescription or over-the-counter) can be dispensed in school. (Under Massachusetts General Laws (M.G.L.) chapter 112, § 80B).

Student's Name _____ Grade _____ DOB _____

Physician Medication Order: Please complete this form if the above named student must take the designated medication at school.

Diagnosis:_____ Drug/Food Allergies: _____

Medication _____Dosage_____

Route: _____Time to be administered _____

Special Instructions_____

Date of Order:_____ Discontinuation Date:_____
(Recommend mid August to cover summer programs)

Consent for self-administration if the school nurse determines it is safe and appropriate:
Yes_____ No_____

Name and Title of Licensed Provider_____ Phone_____

Signature of Licensed Provider_____Date_____

Note: Medication orders must be renewed at the beginning of each school year.

Parent/ Guardian Consent

Name of child: _____ Medication: _____

Name of Parent/Guardian _____Relationship to student_____

My child should receive this medication on early release days: _____ yes _____ no

Please list any additional medications currently taken by student_____

I, the undersigned, give permission to the school nurse (or school personnel on field trips, designated and approved to do so by the school nurse) to administer to or to supervise my child in taking the above medication. I understand that the school personnel are not responsible for any problems arising from the taking of this medication, its side effects (if any), or for the omission of medication. I further agree to indemnify and hold harmless the School Committee and its agents and servants against all claims as a result of any or all acts performed under this authority.

Signature of Parent/Guardian_____ Date_____

Phone
(home)_____(cell)_____(work)_____

Please read the LPS medication procedures on the back of this form.

Lexington Public Schools Medication Procedure

In compliance with Massachusetts General Law and for the safety of our students, this medicationPolicy has been written and will be strictly enforced.

The policy for administration of medications, whether prescribed or over-the-counter, during school hours, is as follows:

Medication must be accompanied by a medication permission form signed by the student's physician and parent/guardian. For short term medications such as antibiotics, the prescription bottle is acceptable for a physician's medication permission order.

Medication must be supplied by the parent/guardian in the original pharmacy container. Please ask your pharmacist to provide a second container and send only the amount of medication needed to school.

Medication is kept locked in the nurse's office and is dispensed by the school nurse. For your child's safety and the safety of other students, students are not allowed to carry medication at school. When a student must have immediate access to medication, the school nurse and parent/guardian will determine if the child is able to do self-administration. A medication permission form signed by the student's physician and the parent/guardian must be on file for self-administration of medication.

All medication orders must be for treatment of a specifically diagnosed medical need and must be renewed at the beginning of each school year.

The parent/guardian may retrieve the medicine from school at any time and the medicine will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of the school year.