

Old Colony RVTHS
Guardian Consent for Medication Administration

Medication must be transported to the school nurse by the parent or guardian. Students cannot bring medication to school. Medication needs to be signed in by both the parent/guardian and the nurse.

Student: _____

Date of Birth: _____ **Grade:** _____ **Date of Consent:** _____

My student is known to have the following **allergies:** _____

Diagnosis (if not in violation of confidentiality): _____

1. I request and give permission to the school nurse to give my student:

Medication: _____ Dosage: _____

Route: _____ Time of Day: _____

Prescribed by: _____

2. I give permission for my student to self-administer (**carry the medication and administer it by him/herself during class/field trip**) **NOT** in the presence of the school nurse. **Note: Self administration is reserved for students who have an Epipen, enzyme supplement, inhaler, or diabetic supplies** as per the regulations of the Commonwealth of MA.

Not Applicable

Yes

No

If I give permission, I understand the school nurse and I must be in agreement that my student demonstrates the ability and understands all aspects of administration of this medication as directed. I also agree to provide a backup supply for the nurse to keep in the health office in the event my student does not have their prescribed medications/supplies in their possession when needed.

3. I give permission to the school nurse to share with appropriate school personnel information relative to the prescribed medicine administration as they determine necessary for my child's health safety.

Yes

No

4. I understand that in the event of a field trip, this medication administration plan may need to be adjusted and I will do the following:

- Call the school nurse prior to the field trip to discuss the plan for administering this medication
- This medication may be withheld (not given) on the day of the field trip
- Not Applicable - Self administration selected in #2 above

5. I understand that I may retrieve the medicine from the school at any time, and that the medicine will be destroyed if it is not picked up within one week following the termination of the order or the last day of school.

Parent / Guardian Signature: _____ **Date:** _____