

**WORCESTER PUBLIC SCHOOLS
DEPARTMENT OF NURSING**

MEDICATION OR TREATMENT IN SCHOOL PROTOCOL

Dear Parent/Guardian,

We would like to inform you of the protocol that is in place to ensure the health and safety of children during the school day.

Our school system requires that the following forms be on file, before we can give any medication at school:

1. Signed consent by the parent/guardian to give the medication. Please complete the enclosed consent form and give it to your school nurse. A signed consent is required for each medication or treatment.
2. Signed medication order from your child's health care provider. This order must be completed annually or as indicated by the provider. A signed order is required for each medication or treatment.

Medications should be delivered to the school nurse in a pharmacy or manufacturer-labeled container by you or another responsible adult. Please ask your pharmacy to provide separate bottles for school and home and an empty labeled bottle for use on field trips. No more than a thirty-day supply of the medicine should be delivered to the school.

When your child needs a medication to be given, during the school day, please act quickly to follow this protocol so that we may begin to give the medication as soon as possible. Thank you for your cooperation.

Sincerely yours,

School Nurse

Telephone: (508) 799-

FAX : (508) 799-

The Worcester Public Schools is an Equal Opportunity/Affirmative Action Employer/Educational Institution and does not discriminate regardless of race, color, gender, age, religion, national origin, gender identity, marital status, sexual orientation, disability or homelessness. The Worcester Public Schools provides equal access to employment and the full range of general, occupational and vocational education programs. For more information relating to Equal Opportunity/Affirmative Action contact the Human Resource Manager, 20 Irving Street, Worcester, MA 01609, 508-799-3020.

Medication Protocol Parent Letter Reviewed DK 04/19

**** Attachment: Health care provider and parent/guardian Medication Administration Order and Consent**

**WORCESTER PUBLIC SCHOOLS
DEPARTMENT OF NURSING**

MEDICATION ADMINISTRATION REQUEST
(all prescription & non-prescription medication)

School Year: 2020-2021

LICENSED PRESCRIBER

Student: _____ Date of Birth: _____ Grade: _____

Medication: _____ Dosage: _____ Route: _____

Frequency: _____ Time(s) of Administration in school: _____

Specific directions or information for administration: _____

Side Effects: _____

Date of Order: _____ **Discontinuation Date:** _____

(Please note: Whenever possible, medication should be scheduled at times other than school hours)

Consent for self-administration (provided the school nurse determines it is safe and appropriate): Yes: No:

Diagnosis: _____ Other medical condition(s): _____

Printed Name of Prescriber (legibly)

Signature of Prescriber

PARENT/GUARDIAN

My son/daughter has the following food or drug allergies: _____

I consent to have the School Nurse administer the medication prescribed by the above licensed prescriber.
____ Yes ____ No

I give permission for this medication to be given to my child by a school staff member chosen by the principal and trained by the school nurse if a nurse is not present on school sponsored field trips.
____ Yes ____ No

I give permission for my son/daughter to self-administer this medication, if the School Nurse determines it is safe and appropriate.
____ Yes ____ No

I give permission to the School Nurse to share information relevant to the prescribed medication as he/she determines appropriate.
____ Yes ____ No

I have read the following requirements for medication administration by the School Nurse:
Medication must be in the **original prescription bottle and properly labeled.**
Students under the age of 18 are not allowed to carry/transport any medication including Tylenol to and from school.
Parent/Guardian must bring in the medication and pick it up at the end of the school year.
State law mandates any medication not picked up must be destroyed.

Medication orders are in effect for the present school year/summer school program only.

Parent/Guardian Signature _____ Date _____