

**Medication Administration Plan**

The administration of medication at school is regulated by MGL Ch. 71 Sec. 54B, 105 CMR 210.000 and SPS policy. This form must be filled out for medication to be administered at school and at school-sponsored events. All medications must be delivered to the school nurse by the parent/guardian in the pharmacy-labeled container with a current doctor’s order and, if needed, an emergency action plan.

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Student’s Name Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Parent/Guardian Phone numbers

Student Allergies:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Epi-pen Prescribed? Yes □ No □

If allergic to EGG, SOY, DAIRY or WHEAT and eating school meals, the *Special Diet Request* Form must be completed with the school nurse.

If allergic to EGG, can eggs be eaten as an ingredient in baked goods? Yes □ No □

Name of Medication to be taken at school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Medication is given for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time/Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Route\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child attend an afterschool program? Yes □ No □ Please indicate which one\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Prescriber Name and Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other medications taken at home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information for the School Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No

⃞ ⃞ Student requires the above medication on field trips (to be given by nurse or trained staff member)

⃞ ⃞ Student requires the above medication on early release days (half days)

⃞ ⃞ Student may carry and self-administer asthma rescue inhaler, epinephrine auto-injector (Epi-Pen©),

CF enzymes, insulin & glucose monitoring device if school nurse agrees it is safe and appropriate

* Self Administration Form will need to be filled out and a plan made with school nurse

I have read and reviewed this medication administration plan and agree that it may be shared with school staff as needed for my child’s health and safety. Yes □ No □

I give permission for my child’s school nurse to contact the prescribing physician if further information or clarification is needed. Yes □ No □

I give consent for the school nurse to administer, or supervise the administration of, my child’s medication in school and at school-sponsored events. Yes □ No □

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Please note: Dose changes require updated doctor’s orders. New prescriptions should be started at home before being administered at school. Parents can retrieve medication at any time. Medication not retrieved at the end of the year will be disposed of as required by state law.