



DORCHESTER SCHOOL DISTRICT TWO MEDICATION PERMISSION REQUEST FORM



The following is to be completed by a physician/legal prescriber.

Name of Student: _____ DOB: _____ Grade/Section: _____

This medication is being given for: _____

Name of medication: _____

Dosage: _____ ICD-10 Code: _____

Times to be given at school: _____

List any potential reactions with appropriate treatment: _____

Physician/Legal Prescriber (Print Name and Title)

Signature of Physician/Legal Prescriber

Office Phone Number

Office Fax number

Date

The following is to be completed by a parent/legal guardian.

1. I, the undersigned, ask that the above medication to be administered to my child as directed and here by release everyone participating in this request from any and all liability associated therewith or stemming therefrom.
2. When the school nurse is not available, the principal’s designees will assist your son/daughter in taking his/her medication.
3. Parent/legal guardian must complete and submit a Dorchester School District Two Medication Permission Form. This form requires both the signatures of the physician and the parent/legal guardian and the specific time(s) to be given. Do not bring more than a 30 day supply of medication at one time.
4. Parent/legal guardian must bring the medication in the current prescription bottle properly labeled by a registered pharmacist as prescribed by law (ask your pharmacist to prepare a separate labeled bottle for school use).
5. Medication must be brought in by the parent or responsible adult, **NOT THE STUDENT**.
6. Parents are reminded that aspirin, cough medicine, vitamins, cough drops, all over-the-counter products, will not be given at school without a medication permission request form completed by a legal prescriber and in a properly labeled prescription container by a registered pharmacist as prescribed by law.
7. Herbals, food supplements, alternative medicinal products, and other items that do not have FDA approval will not be given at school without a medication permission request form completed by a legal prescriber and in a properly labeled prescription container by a registered pharmacist as prescribed by law.
8. Students will not share any prescription or over the counter medication with another student. Violations may result in disciplinary action including, but not limited to suspension or expulsion.
9. All medicine not registered with the school nurse will be in direct violation of district policy and dealt with accordingly.
10. Parents are also reminded that school personnel will dispose of medication not claimed at the end of the school year.
11. All medication will be handled in accordance with the above guidelines through the school nurse or principal’s designee.

Signature of Parent/Legal Guardian

Date

Dorchester School District Two Procedure for Over-the-Counter (OTC) Medication

Your child may have over-the-counter medication at school (aspirin, Tylenol, cough syrup, etc.) by following ALL of the instructions below:

- Deliver the completed Dorchester School District Two medication permission form, including the signature of the doctor or other legal prescriber to the school nurse.
- Deliver an unopened container of the OTC medication, properly labeled by the pharmacist to the school nurse. You can obtain a label from the pharmacists by having the doctor or other legal prescriber provide you with a prescription for the over-the-counter medication. (See picture of a properly labeled OTC medication below).
- Medication MUST be brought in by the parent or legal guardian, NOT the student.
- If you have questions, please contact the nurse at your child's school.

