



NOTRE DAME ACADEMY

NON-PRESCRIPTION MEDICATION ADMINISTRATION PERMISSION FORM 2019-2020

Pursuant to 105 CMR 210.000 and the MA Board of Registration in Nursing, the following form must be completed and signed by both the student's parent/guardian **AND** doctor (MD/PA/NP). The Prescription Medication Administration Permission Form is required for non-prescription medications other than those listed below and any prescription medications that may be necessary during school hours. Students are NOT allowed to carry any medications during school hours with the exception of EPI-PENs, pancreatic enzyme supplements, insulin, or a rescue inhaler and MUST have a doctor's order on file prior to the start of the school year. May be faxed to 339-200-3631.

Student: _____ DOB: _____ Grade _____

Allergies: _____

At home medications: _____

I give permission for the school nurse to administer the following medications to my child:

- Acetaminophen 325-650mg by mouth every 4-6 hours as needed for fever >100.4 or discomfort..... Yes No
- Ibuprofen 200-400mg by mouth every 6-8 hours as needed for fever >100.4 or discomfort..... Yes No
- Benadryl 25mg by mouth every 6 hours as needed for an allergic reaction..... Yes No

- TUMS (Calcium Carbonate) 500mg chewable tab 1-2 tabs by mouth for abdominal discomfort Yes No
- Antibiotic Ointment topically as needed for protection of minor scrapes or abrasions..... Yes No
- Hydrocortisone Cream 1% topically for minor skin irritations and/or itchiness..... Yes No

I give my child permission to self-administer these medications in the event that a nurse is not present (i.e. field trips)

I have read the NDA protocol regarding emergency treatment for anaphylaxis in students with undiagnosed life threatening allergies and verify there is no valid medical reason for my child to be excluded from this protocol

Parent/Guardian Signature: _____ Date: _____

Doctor's Signature (MD/PA/NP): _____ Date: _____

Please note this permission slip expires at the **END** of **EACH** the school year



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PROTOCOL FOR EMERGENCY TREATMENT OF ANAPHYLAXIS IN STUDENTS WITH UNDIAGNOSED LIFE THREATENING ALLERGIES

Notre Dame Academy recognizes the potential for anaphylaxis in students with previously undiagnosed Life Threatening Allergies (LTAs) and has created this protocol in order to further protect students while at school. All attempts will be made to assess what may have triggered the allergic reaction and 911 will be called immediately. Anaphylactic symptoms may include: hives or swelling (especially of face, lips, eyes, throat), difficulty breathing or swallowing, tightness in chest or throat, change in voice quality, fear/apprehension, change in skin color, rapid pulse, nausea, vomiting, diarrhea, dizziness, fainting, collapse, or convulsions. A repeat dose of epinephrine may be administered in 20 minutes if emergency responders have not arrived on scene. Parents will be notified immediately that the epinephrine has been administered and that the student has been sent via ambulance to the hospital. Delaying the use of epinephrine is associated with a much poorer prognosis and a greater likelihood of death. It is rare that epinephrine cannot be used by an individual and exclusion from this protocol will be granted only with a valid medical reason that is supported by the student's primary care provider.