

Mashpee Public Schools
Parent/Guardian Form
Medication Administration Plan & Field trip Consent
(To be completed by parent/guardian)

Student Name: _____ Male Female

Birthdate: _____ Grade: _____ Teacher: _____

Parent/guardian Name: _____ Home Phone#: _____

Cell: _____ Work: _____

Emergency Contact: _____ Phone#: _____

Diagnosis: _____ Known Allergies: _____

1. I request and give permission to the school nurse to give my son/daughter:

Medication: _____ Dosage: _____
Route: _____ Time of day: _____
Prescriber: _____ Date of Order _____ to _____
Possible side effects: _____

2. Refrigeration ____Yes ____No IHCP/Emergency Plan: ____Yes ____No
Other medications student currently taking: _____

3. I give permission for my child's teacher _____ to administer the above medication on a field trip. ____Yes ____No

4. I understand that in the event of a field trip, this medication administration plan may need to be altered. It is my responsibility to call the school nurse prior to a field trip to discuss the plan for administering this medication.

____Yes ____No

This medication maybe held (not given) on the day of the field trip. ____Yes ____No

This medication maybe held (not given) on 1/2 days/early release days. ____Yes ____No

5. I give the school nurse permission to share with appropriate school personnel information related to the prescribed medication as she/he determines necessary for the health and safety of my child. ____Yes ____No

6. I understand that I may retrieve the medication from school at any time, and that the medication will be destroyed if it is not picked up by the last official day of school. ____Yes ____No

7. I give permission for my child's picture to be placed on the medication log sheet for the purpose of proper identification. ____Yes ____No

All medication is stored in a locked cabinet or refrigerator on the health office except epipens. All medication is dispensed in the health office unless delegated by the school nurse on a field trip/emergency medications.

Medication may be given 30 minutes before or after the scheduled time, or at an alternate time if the school schedule or activities change.

Parent/guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____