

**UPPER CAPE COD REGIONAL TECHNICAL SCHOOL**

**School Year 2022-2023**

**REQUEST FOR DISPENSATION OF PRESCRIBED MEDICATION SCHOOL ORDER**

**PHYSICIAN**

I request the authorized school personnel to see that my patient receives this medication.

NAME OF STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

NAME OF MEDICINE: \_\_\_\_\_

DOSE: \_\_\_\_\_ TIME: \_\_\_\_\_ ROUTE: \_\_\_\_\_

POSSIBLE SIDE EFFECTS: \_\_\_\_\_

OTHER MEDICATIONS TAKEN BY STUDENT (IF APPLICABLE) \_\_\_\_\_

**For Inhaled Medications and EpiPens:**

I have instructed \_\_\_\_\_ on the proper way to use his/her medications. It is my professional opinion that he/she should be allowed to carry and use that medication by him/herself.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**PARENT OR GUARDIAN**

I hereby give my permission for the school nurse to administer the above medication during the school day to my son/daughter.

The medicine is to be furnished by me and the current prescription label is to be included with the original container. It is understood by me that the school is rendering a service that does not assume any responsibility in this matter.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please complete one form for each medication.**

## UPPER CAPE COD REGIONAL TECHNICAL SCHOOL

220 Sandwich Road-Bourne, MA 02532  
508 759-7711 ext. 208- School Nurse  
508 759-7208- FAX

### PROCEDURES AND GUIDELINES REGARDING ADMINISTRATION OF MEDICINE

Medications will be dispensed in school when it is determined that a student's health would be jeopardized without it. Procedures shall be in place in school to facilitate such requests. Medications should be given at home and every effort made to avoid school hours. When this is not possible, the following procedures and guidelines will be followed:

1. A signed and dated form completed by both **parent or guardian and physician** must accompany all requests to dispense medication. The form may be obtained from the School Nurse.
2. All medications to be taken during the school day should be delivered to school by a Parent/guardian and turned into the Health Office in the original sealed container (over the counter) or in the original container from the pharmacy (prescription) with the current prescription **label**.
3. At no time is the amount of medication in school to exceed one month's supply.
4. All medicine will be taken in the presence of and under the supervision of the School Nurse or another authorized adult.
5. Medical doctors or registered nurses only, as required by law, will administer psychotropic drugs.
6. All medications will be stored in a locked cabinet or a refrigerator.
7. Over the counter medications such as Tylenol and Ibuprofen may be given with a completed **Permission to Administer Protocol Medications** form signed by parent/guardian. This permission is intended for occasional use only. A physician school order will be required for students requesting more than 1-2 doses per month. Any other over the counter medications not listed on the form will require physician school order.
8. Only empty containers will be given to a student to deliver home to parent or guardian. At the end of treatment or school year, any unclaimed medication will be discarded.

We request the cooperation of parents/guardians and physicians in order to institute this regulation as a safety measure designed in the interest of health promotion. The school will make every effort to see that the prescribed medications are taken on time and in the correct manner.

**Please contact the School Nurse for any of your child's health concerns or questions.**