August 2022

Dear Parent or Guardian:

We **must** have a signed permission slip on file before we can administer over-the counter medications listed below by the school nurse. Please complete the release below and return it to the Health Center at Foxcroft Academy. The entire medication policy may be obtained from the nurse, main office, or on the web site.

Effective the first day of school, all medications to be taken at school must be cleared with the health center nurse, we must have the form at the bottom of the page filled out by the student's medical provider. Whenever possible, the scheduling of medication should be altered to allow the student to receive all doses at home. Students may not transport their own medications to school except as defined below. It is the responsibility of the parent/guardian to know and follow these directions.

All students must comply with the State of Maine requirements for immunizations to attend Foxcroft Academy. (See attached.) If you have submitted your child's immunization records once, or if they attended SeDoMoCha and are moving into 9th grade, their immunization record should be on file. If you have any questions or concerns, please contact the Student Health Center at 564-8351.

The clinic has permission to administer to my son/daughter _____over-the-counter
Print first and last names

medications such as Tylenol, Ibuprofen, Tums, Mylanta, cough drops, and Benadryl (for allergic reactions only) as deemed necessary by the school nurse. If you wish to specify a certain dosage, please do so at the bottom of this release. If your child is administered Benadryl at school you will be notified.

The clinic may both release and receive information from my student's health care provider(s).

Parent or Legal Guardian's Signature _____ Date signed _____

OVER-THE-COUNTER MEDICATIONS/SHORT TERM PRESCRIPTIONS: need to be in a sealed envelope or container with the student's name, medication name, dosage and instructions. Your written request is required for medications to be administered to your child.

PRESCRIPTION MEDICATIONS to be administered for longer than two weeks must be sent in the current prescription container with the student's name, medication name, special instructions and providers' name. Upon request, your pharmacist will provide you with a second empty prescription container with the required information. Your written request, as well as the provider's order, must be on file before we can give your child his/her medication. Students may carry their inhalers and/or epinephrine pens with them. Students with diabetes may keep their supplies with them.
You **MUST** have your medical provider complete the form below and return it to the school nurse at the time of the request.

_____is to receive _____ at _____ for the treatment of
(Student's name) (Medication) (time)
_____. Possible side effects: _____
(Diagnosis)
Estimated termination date: _____.

Dated: _____ Provider's Signature: _____

Provider's Phone Number: _____

I hereby give my permission for my child to receive medication at school as prescribed by my child's medical provider.

Parent/Guardian Signature: _____ Dated: _____