

IMPORTANT PLEASE READ

Dear Parents/Guardians

If medication(s) is required for administration for next school year (08-22 to 06-23) please remember to follow these important steps:

- Download the appropriate forms from our website. Parents will be able to download the forms from our website, <https://www.amsacs.org/>, as of June 30, 2022. (Click Parents-Health Office-Medical Forms).
- Orders must be written, and are only active, during the current school year. (Need to be dated after 07-01-22)
- **Physicians have their own office forms for medication orders and actions plans (allergy/asthma/diabetic/seizure action). It is the parents responsibility to request these forms from your child's physician. Please remember we cannot administer medications without those forms.**
- **Physicians must provide medication orders that include the name of the medication, form of medication (tablet/capsule/ liquid/injection), frequency, times of administration, diagnosis for which medication is being ordered and any side effects or specific directions/information for administration.**
- **Physicians must provide any action plans. If your child is having medication ordered for allergies/asthma/ diabetes/seizures, then the Physician must supply an Action plan for that specific medication.**
- No order can be accepted that is dated before 07-01-22. Please have the physician date the orders accordingly.
- Remember **only one medication per order form.** Please copy or print additional forms from the website if more forms are needed.
- Please review the AMSACS medication administration policy.
- Bring medications to school before the first day of school in original container. You may call the health office **after 08-23-21** to arrange drop off. No student is allowed to carry any medications to school, even over-the-counter medications.
- We have included a check list (on the back of this form) for your convenience. **Please print double sided.**

Thank you and have a healthy, happy safe summer ☺

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PARENT MEDICATION CHECK LISTS

Checklist for Required Paperwork for Epinephrine Orders

PHYSICIAN TO PROVIDE

1. _____ Physician's Order Form
2. _____ Allergy Action Plans (If your child's MD does not have an action plan he/she must send a note stating they do not have action plan one and why.
- 3.

Parent to Complete:

1. _____ Parent's Permission for Epinephrine Administration
2. _____ Parent's Permission for Antihistamine Administration (if applicable)
3. _____ Epinephrine Contract to carry if applicable
4. _____ Allergy History (Only if your child is entering grade 06 or 09, or entering AMSACS for the first time regardless of grade and/or changes in current plan.)

Checklist for Required Paperwork for Metered Dose Inhalers

PHYSICIAN TO PROVIDE:

1. _____ Physician's Order Form
2. _____ Asthma Action Plans (If your child's MD does not have an action plan he/she must send a note stating they do not have action plan one and why.

Parent to Complete:

1. _____ Parent's Permission for Metered Dose Inhaler Administration
2. _____ Metered Dose Contract to carry
3. _____ Asthma History (Only if your child is entering grade 06 or 09, or entering AMSACS for the first time regardless of grade and/or changes in current plan)

Checklist for Required Paperwork for Other (prescription/Over the Counter) Medications (Daily/PRN)

PHYSICIAN TO PROVIDE

1. _____ Physician's Order Form
2. _____ Physicians Action plan, if applicable for Diabetic/Seizure Medications Only

Parent to Complete:

1. _____ Parent Consent Form

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PARENT/GUARDIAN CONSENT FOR MEDICATION ADMINISTRATION 2022-23

Name of Student _____ Date of Birth: _____ Grade 6 7 8 9 10 11 12

My child is currently receiving the following medications: (please list all medications the child is receiving, including those given during the school day.)

1. _____ 2. _____ 3. _____ 4. _____

My son/daughter has the following food or drug allergies: _____

Consent

1. I consent to have the school nurse or his/her delegate administer the medication:

_____ (Name of medication)

- 2. I give permission for my child to self-administer medication, if the school nurse determines it is safe and appropriate (check one) _____ yes _____ no
- 3. I give permission to the school nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my child's health and safety.
- 4. I agree to provide unexpired medications in the original, properly dated and labeled container. I will keep a dosage count and record of expiration date at home and will deliver refills as needed. I will promptly pick up any unused medications. I understand I may retrieve the medication from the school at any time; however, the medication will be destroyed if it is not picked up within one week following termination of the order or on the last day of this school year.
- 5. How do you want to handle medication administration during times when your child is attending a field trip? Please be aware that school nurses are not always on field trips.
 - My child needs this medication on field trips Yes No
 - When there is not a nurse on the field trip, do you want to be notified? Yes No
 - When there is not a nurse on the field trip, a parent will attend the Field Trip to administer the medication Yes No
- 6. Please be aware that there is not availability for medication administration during afterschool events (sports/clubs, etc.)

Parent/Guardian Signature **Relationship to student** **Date**

FOR HEALTH OFFICE USE ONLY

Possible Side effects and Required Storage Conditions: See attached forms. Name of Medication: _____

Date received _____ amount _____ delivered by _____ expires on: ____/____/____

Location where medication administration will occur: Health Office Other (specify): _____

Notes/Information:

Disposition of Medication: Finished Returned to parent/guardian Given to Student Disposed- Witness _____

Date _____ Date: _____ Date: _____ Date: _____