



DORCHESTER SCHOOL DISTRICT TWO 2023-2024 MEDICATION PERMISSION REQUEST FORM

The following is to be completed by a physician/legal prescriber. *One medication and/or dose per form.*

Name of Student: _____ DOB: _____ Grade _____

Name of medication: _____ Dosage: _____

Medication is prescribed for: _____ ICD-10 Code: _____

If PRN, list indication(s): _____

Time(s) to be given at school: _____ Start Date: _____ End Date (if applicable) *: _____

*UNLESS OTHERWISE INDICATED, THESE ORDERS ARE VALID THROUGH CURRENT SCHOOL YEAR, INCLUDING SUMMER PROGRAMMING

List any potential reactions with appropriate treatment: _____

Physician/Legal Prescriber

Signature of Physician/Legal Prescriber

Office Phone Number

Office Fax Number

Date

The following is to be completed by a parent/legal guardian.

1. I, the undersigned, ask that the above medication to be administered to my child as directed and hereby release everyone participating in this request from any and all liability associated therewith or stemming therefrom.
2. When the school nurse is not available, the principal's designee(s) will assist your son/daughter in taking his/her medication.
3. Parent/legal guardian must complete and submit a Dorchester School District Two Medication Permission Form. This form requires both the signatures of the physician and the parent/legal guardian and the specific time(s) to be given. Do not bring more than a 30-day supply of medication at one time.
4. Parent/legal guardian must bring the medication in the current prescription bottle properly labeled by a registered pharmacist as prescribed by law (ask your pharmacist to prepare a separate labeled bottle for school use). Do not bring more than a 30-day supply of medication at one time.
5. Medication must be brought in by the parent or responsible adult, **NOT THE STUDENT**.
6. Parents are reminded that aspirin, cough medicine, vitamins, supplements, cough drops, and all over-the-counter products including lotions and ointments, will not be given at school without a medication permission request form completed by a legal prescriber and in a properly labeled container by a registered pharmacist as prescribed by law.
7. Herbals, food supplements, alternative medicinal products, and other items that do not have FDA approval will not be given at school without a medication permission request form completed by a legal prescriber and in a properly labeled prescription container by a registered pharmacist as prescribed by law. Items prescribed for off-label use may require District approval before they can be accepted for administration in school.
8. Students will not share any prescription or over-the-counter medication with another student. Violations may result in disciplinary action including, but not limited to suspension or expulsion.
9. All medicine not registered with the school nurse will be in direct violation of district policy and dealt with accordingly.
10. Parents are also reminded that school personnel will dispose of medication not claimed at the end of the school year.
11. All medication will be handled in accordance with the above guidelines through the school nurse or principal's designee.

Signature of Parent/Legal Guardian

Date