

SOUTH HADLEY PUBLIC SCHOOLS MEDICATION PERMISSION FORM

The South Hadley School System, in compliance with MA General Law Chapter 112, Section 80B requires that students who need medication during schools hours provide:

1. A written doctor's order stating the diagnosis, medication, time and duration of treatment.
2. A written consent form signed by the parent or legal guardian
3. The medication in the original, properly labeled bottle.

No more than a 30 day supply of medication will be kept at school.

Psychotropic drugs, such as Ritalin, Adderall, and Dexedrine, will be transported by an adult, counted, and co-signed with the nurse.

All medication must be brought to the Health Room, where it will be kept in a securely locked cabinet and dispensed by the school nurse.

**Epinephrine and Asthma Inhalers will be stored securely but unlocked per MGL 71 Section 54B.*

THIS APPLIES TO OVER THE COUNTER MEDICATION AS WELL AS PRESCRIPTION MEDICATION

Child's name _____ DOB _____

Diagnosis _____

Medication _____

Dosage _____ Route _____ Time at School _____

Date Medication ordered _____ Duration _____

Special Considerations _____

Printed name of physician _____ Signature of Physician _____

_____ Date _____

TO BE COMPLETED BY PARENT

I give permission for my child _____ to receive the above medication.

Check here to administer on half days of schools _____

Date _____ Signature of Parent/Guardian _____