

BRISTOL-PLYMOUTH REGIONAL TECHNICAL SCHOOL
Protocol for Students with Medication on Field Trips, Job Sites, and any Before and After School Activities.

Please read all of the following information only if your student requires medication for an off school grounds activity.

If your student requires ANY medication (prescription or over the counter) for field trips, overnight and out of state trips, or job sites - the following must be completed TWO WEEKS prior to the off-ground event:

- A Self-Administration Medication plan must be signed by a parent/guardian, student and the school nurse. (Form is attached)
- IF a student is on a controlled substance, psychotropic medication, or it is otherwise decided, at the school nurse's discretion, to be unsafe for a student to carry a medication - medication will be carried in a locked container by a designated, trained staff member and a Medication Delegation Plan will be discussed with parent/guardian.
- Only the amount of medication needed for trip may be taken on the trip (ex: for a two-day trip – two pills may be brought on the trip)
- All medication must be in the original, pharmacy labeled container. (ANY PILLS NOT IN A PHARMACY LABELED CONTAINER WILL BE DISCARDED).
- Luggage will be checked by school personnel and must have matching documentation of medications on file with school nurse. PLEASE LABEL LUGGAGE WITH STUDENT NAME.
- Required documentation must be on file with the School Nurses and must be updated every school year or more frequently if there are any changes to student's medication.
- Please contact the B-P School Nurses with any questions at (508) 823-5151 x 106 or orbpnurses@bptech.org – Monday-Friday from 7:30 am- 2:30 pm.

Required Documentation to follow this page:

1. Self-Administration Medication Plan – to be filled out by all students requiring medication off school grounds.

**BRISTOL-PLYMOUTH REGIONAL TECHNICAL SCHOOL
 SELF-ADMINISTRATION MEDICATION PLAN
 For field trips, jobsites and any before and after school activities**

Dear Parent/Guardian,

In order for your child to carry and administer their own medication on a school sponsored, off grounds activity, you must complete Part A of this form. Part B *will be completed in the health office with your child.* Your child must be able to answer the questions in Part B or they will not be allowed to carry or administer their own medication. This is for the safety of your child and others.

Part A – To be completed by parent/guardian:

I request that my child _____ be permitted to self-administer their own medication, that have been prescribed for them to have during school field trip/job site/before and after school activities. My child has been instructed in and understands the purpose, appropriate method, frequency and use of their medication. My child understands that they are responsible and accountable for using their medication. My child understands that if they self-administer the following medication(s) while on a school field trip/job site/before or after school activity, that they will inform the appropriate school staff member immediately. It is understood that if there is irresponsible behavior or safety risk, the privilege of carrying their own medication will be rescinded. I will support my child in following the agreement in Part B.

 School staff may carry my child’s medication until it is time to self-administer.

 (parent/guardian signature)

 (Date)

Please list all medications to be taken:	Please list number of pills for trip:

Part B – to be completed by School Nurse:

Yes NO

- _____ _____ Student is consistently able to:
 - Name the medication;
 - Identify the correct medication;
 - Explain the purpose of the medication;
 - Knows the correct dosage;
 - Explain when the medication is to be taken;
 - Describe what will happen if the medication is not taken;
- _____ _____ Student demonstrated the correct use/administration.
- _____ _____ Student realizes his/her responsibility in carrying his/her own medication(s) and agrees not to share the medication(s) with others.
- _____ _____ The student agrees to notify the school nurse or closest adult immediately after self administering his/her medication.
- _____ _____ The student agrees to come to the health office immediately with any questions, concerns or adverse side effects.

The student understands that the privilege of carrying and administering his/her own medication(s) will be rescinded if he/she does not follow the above agreement.

 (Student Signature)

 (School Nurse Signature)

 (Date)