



BRISTOL-PLYMOUTH REGIONAL TECHNICAL SCHOOL

207 HART STREET, TAUNTON, MASSACHUSETTS 02780-3715

Berkley • Bridgewater • Dighton • Middleborough • Raynham • Rehoboth • Taunton

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Telephone 508-823-5151

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Dear Parent/Guardian:

When a student needs to take any medication during the school day, the following are required:

- Written doctor's order - which must include student's name, diagnosis, any known allergies, name of medication, dose, time/frequency to be given, route, reason for medication, and possible side effects.
- Signed Parent Consent for Administration of Medication form on file with the nurses' office.
- Parent/guardian must drop off medication to the nurses office with completed doctor's order and parent consent form (Students are not allowed to carry medication on them during school, unless it is an emergency medication and approved by the nurse - i.e.. Epi-pen, inhaler).
- No more than a 30-day supply of medication may be brought to the nurses' office
- Medication must be in original container, labeled by the pharmacy - description on the bottle must match pills inside – and bottle must match the doctor's order
- If a student will need a medication on a field trip - please see Field Trip Medication Packet for additional forms.
- A new doctor's order must be obtained each school year
- Please contact the nurses for any questions at: (508)823-5151 x 106 or bpnurses@bptech.org

Ann St. Germain RN– School Nurse

Lisa Medeiros RN– School Nurse

Kyla Puccini RN – School Nurse

Phone: (508) 823-5151 x 106

Fax: (774) 299-6102

Email: bpnurses@bptech.org

MEDICATION ADMINISTRATION PLAN YEAR _____
PARENT/GUARDIAN CONSENT

Student's Name: _____ Grade: _____ DOB: _____

Parent/Guardian Printed Names: _____

Address: _____

Home Phone: _____ Work # _____ Cell # _____

Please list all medications your child is currently receiving, including those given during the school day (If not in violation of confidentiality): _____

I give permission for the school nurse to give to my child the following medication for this school year as ordered by their health care provider

List of medications and dosage _____

Name of health care provider _____

My son/daughter is known to have the following allergies: _____

I give permission for the school nurse to share information relevant to this medication with appropriate school staff as she determines necessary for my child's health and safety. Yes _____ No _____

I have reviewed the following information with the school nurse:

Duration of order: _____ Expiration date of medication received: _____

Possible side effects/adverse reaction: _____

Location/storage of medication: _____

Plan for off school grounds, after school activities and field trips: (field trip medication delegation or self- administration forms filled out and signed by parent) _____

Plan for monitoring medication: _____

Medication may be retrieved from the school nurse at any time; however, the medication will be destroyed if it is not picked up within 1 week following the termination of the medication order or 1 day beyond the end of the school year.

Parent/guardian signature: _____ Date: _____

This form must include a medication order written by the student's health care provider. Information should include, the name of the medication, dosage, route of administration, time of administration, frequency, diagnosis, possible side effects and whether the student may self-administer their own medication for field trips and other after school activities as long as the school nurse deems it safe and appropriate.