NORTH MIDDLESEX REGIONAL SCHOOL DISTRICT
Health Services
19 Main Street,
Townsend, MA 01469

2026-2027 MEDICATION PERMISSION FORM

This form is to be completed by physician and parent for any medication to be dispensed at school, unless your office order form contains all of the components below necessary for administration of medications in school per 105 CMR 210. Under Massachusetts General Laws (M.G.L.) Chapter 112, Section 80B, a licensed nurse must have a medication order from a licensed prescriber in order to administer any medication, whether it is a prescription drug or over-the-counter medication.

Medication Order

Physician, Nurse Practitioner or other authorized by Chapter 94C:
Please complete this form if the below named student must take prescribed medication during school hours.

Student's Name: _____ DOB: _____

Diagnosis: _____

Medication and dosage prescribed: _____

Time(s) during school day: _____ Consent to self-administer when appropriate: [ ]

Special instructions for administration: _____

Duration of medication (start date/end date) _____

Other medical conditions: _____

Additional medications: _____

Any special side effects, contraindications and adverse reactions to be observed for: _____

_____

Any known Allergies: _____

Physician's Name (please print) _____

Physician's Phone Number _____Date _____

Physician's Signature _____

Parent or Guardian:
I, the undersigned, give permission to the School Nurse to administer the above named medication to my child. I understand that school personnel are not responsible for any problems arising from the taking of this medication, its side effects (if any), or for the omission of medication. I further agree to indemnify and hold harmless the School Committee and its agents and servants against all claims as a result of any or all acts performed under this authority.

I do_____ do NOT _____ give permission to the teachers at NMRSD to administer the above medication to my child if he/she is out of the school building during a field trip in accordance with MDPH limited delegation waiver.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

Medication Administration Plan
2026-2027 School Year
(to be completed by school nurse and parent)

Student Name: _____ Teacher: _____

Delegated to (for Field Trips): _____

Back-Up Plan (if delegatee not available): _____

Plan for teaching self-administration (if applicable): _____

_____

Plan for monitoring medication, if needed:_____

_____

School Nurse Signature: _____ Date:_____

Parent Signature: _____ Date:_____

Medication Policy

In compliance with Massachusetts General Law and for the safety of our students, this medication policy has been written and will be strictly enforced.

I. The policy for administration of medications, whether prescribed or over-the-counter, during school hours, is as follows:

A. Medication must be accompanied by a MEDICATION PERMISSION FORM (on reverse) signed by both the physician and parent/guardian. A signed physician's order, stipulating specific diagnosis requiring treatment, accompanied by a MEDICATION PERMISSION FORM signed by parent/guardian, will also be accepted.

B. Medication must be supplied by the parent in the original pharmacy container. (Please ask your pharmacist to provide a second container and send only the amount of medication needed to school.) The medication must be brought into school by an adult.

C. Medication is kept locked in the nurse's office and is dispensed by the School Nurse. For their own safety and the safety of other students, students <u>are not allowed</u> to carry medication around during school. When a physician deems it necessary for a student to have immediate access to medication (e.g., inhaler, Epi-Pen), the parent/guardian will provide documentation from the physician stipulating such necessity and confirmation that the student has been advised of cautions and proper use of medication in school.

D. All medication orders must be for <u>treatment of a specifically diagnosed medical need</u> and must be renewed at the beginning of each school year.