

School: MA NON-INJECTABLE MEDICATION ADMINISTRATION RECORD Date to begin: _____

School Year: 2007-2008 Date to end: _____

I request the nurse or designated school staff member to give:

Name of Student: _____ Date of Birth: _____ Grade: _____

Name of Prescribed Medicine: _____ Exact Dosage: _____ Time(s) to be given: _____

Pharmacy _____ RX# _____ For treatment of: _____

Prescribing Health Care Provider: _____ Phone# _____

Health Care Provider Signature: _____

Parent/Guardian: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

I hereby authorize the School Nurse to administer the medication designated on this form to my child and contact my child's Health Care Provider if needed.

Parent/Guardian Signature.

RETURN THIS FORM WITH THE PROPERLY LABELED MEDICATION TO THE SCHOOL OFFICE.

Moultonborough Public Schools

MEDICATION POLICY

For The safety of our students, the Medication Policy is as follows:

ELEMENTARY AND MIDDLE SCHOOL: Prescription and Non-Prescription medication to be taken at school shall be delivered and picked up by parent/guardian. Medication must be in the current prescription bottle or original container. A medication permit and administration form must be completed and signed by Parent/Guardian and Health Care Provider. The first dose of any medicine will not be given at school. Over-the-counter medications may be given at school for a period (3) three days with permission form signed by parent/guardian and must be in original container. Administration for more than (3) three days requires a written standing order from a Doctor or authorized prescriber for the individual student, which can be faxed to the school. Any remaining medication must be picked up by parent or designated adult within one week after the final date on the medication form. Medication will not be sent home with students..

HIGH SCHOOL:

For Prescription Medication, the student's authorized prescriber and Parent/Guardian shall provide a written request that the student be given medication during school hours by signing the medication administration record. District personnel will NOT administer the first dose of any medication. Only a daily dose may be carried and be in the prescription bottle or original container. High School students taking prescription medication on a daily basis for longer than two weeks must have written request from the authorized prescriber and the medication must be kept in a locked cabinet in the nurse's office.