

Boylston Elementary School

Policy Re: Administration of Medication in School

1. The nurse is in the building from 8:15 A.M. to 3:00 P.M and any medication should be administered during those hours.
2. Parents or guardians must:
 - a. Present a written request signed by a physician, dentist, nurse practitioner or physician’s assistant.
 - b. Present a written consent form signed by a parent or legal guardian.
 - c. Bring in the medication in the original prescription bottle properly labeled.
 - d. Medications must be transported to and from the school by the parent or guardian.

Includes “over-the-counter” medication.

MEDICATION ADMINISTRATION REQUEST FORM

Name of Student: _____ Date of Birth _____

School: _____ Grade _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication: _____

Specific time(s) and dose(s) to be given at school _____

Length of time _____

Are there any restrictions: _____ yes _____ no If yes, what and how long? _____

DATE: _____

Printed Name of Physician

Signature of Physician

TO BE COMPLETED BY PARENT/GUARDIAN

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

Date

Parent/Guardian’s Signature

Telephone: _____