

MECHANICVILLE PUBLIC SCHOOL HEALTH SERVICES

Education law is very strict in the control of over the counter and prescription drugs; therefore, we ask all families involved to follow this outline. Most medications can be given outside of the school hours. Please ask your doctor to schedule as such.

If however during the school year it becomes necessary for your child to take medication ordered by a doctor while in school, please adhere to the following rules:

1. Doctors must fill out and sign a written order.
2. Parents must fill out and sign a written request.
3. Medication must be properly labeled from your pharmacy with the patient's name, dose, name of drug and date.
4. Parent is to bring the medication into the nurse. Any medications brought in by the student will not be administered.
5. No student is to have ANY medication with them at school without a prescription on file in the nurses office that states "may carry".

On the reverse side is a medication order/request form to be used should your child need it.

Thank you for your attention in this matter

Yvonne Lajeunesse R.N.
Yvonne Lajeunesse, R.N.

**PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF
MEDICATION IN SCHOOL AND SCHOOL ACTIVITIES**

A. To be completed by the parent or guardian:

I request that my child _____ DOB _____ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy*.

Signature (Parent or Guardian): _____

Telephone: Home _____ Work _____ Date _____

B. To be completed by physician:

I request that my patient, as listed below, receive the following medication:

Name of Student _____ DOB _____

Diagnosis: _____

| MEDICATION | DOSAGE | FREQUENCY/TIME TO BE TAKEN | ROUTE OF ADMINISTRATION |
|------------|--------|-------------------------------|----------------------------|
| | | | |
| | | | |
| | | | |

Duration of Treatment:

Possible Side Effects and Adverse Reactions (if any):

PLEASE CHECK ONE:

- ☐ Student may carry Benadryl / inhaler / epi-pen with them in school and any sporting event they participate in.
- ☐ Student may not carry Benadryl / inhaler/ epi-pen with them in school
- ☐ Student no longer requires _____ (Medication)

Physician's Signature _____ Date: _____

Address: _____ Phone: _____

* Students with "may carry" orders must have appropriate meds with them at all times, but only the meds specifically ordered by M.D.

* Medication must be in original pharmacy labeled container with specific orders and name of medication.

* Medication and refills must be brought to school by parent, guardian or responsible adult.