



**LABBB Health Office at Lexington High School**

251 Waltham St. Lexington, MA 02421

Tel: 781-861-2400 ext. 1009

Fax: 781-861-1351

**MEDICATION ORDER AND PERMISSION FORM**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medication name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Time(s): \_\_\_\_\_

*(Please note: Whenever possible, medication should be scheduled at times other than school hours).*

Prescribing reason: \_\_\_\_\_

Discontinuation Date: \_\_\_\_\_

Circle one:    RENEWAL                      NEW MEDICATION                      MEDICATION CHANGE

                    DOSE CHANGE                      TIME CHANGE                      DISCONTINUE

Side effects/adverse reactions: \_\_\_\_\_

Other medications taken: \_\_\_\_\_

Comments: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prescriber Printed Name: \_\_\_\_\_

Prescriber Phone: \_\_\_\_\_

**Parent/Guardian Authorization for Medication Administration**

I give permission for my son/daughter to self-administer medication, if the school nurse determines it is safe and appropriate.    \_\_\_ Yes    \_\_\_ No

I, the undersigned give permission to the school nurse and delegated personnel to administer the above medication.

**Parent /Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Telephone (Home and Work)** \_\_\_\_\_

LABBB Nurse signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_



## **LABBB Health Office at Lexington High School**

251 Waltham St. Lexington, MA 02421

Tel: 781-861-2400 ext. 1009

Fax: 781-861-1351

### **ABBREVIATED MEDICATION POLICY**

**\*\*Please contact the LABBB Health Office for full medication policy\*\***

- Medication must be accompanied by a medication order and permission form signed by both the prescriber and parent/guardian.
- For short-term medications taken for three school days or less, the prescription bottle is acceptable as a prescribers order. Signed parent permission is still required.
- Medication must be supplied by the parent in the original pharmacy container with an expiration date that has not passed.
- Students may not carry their own medication to school. Parents or another responsible adult (such as bus driver) must bring medications to the nurse's office. Students are allowed to transport empty containers home for refill. Please do not send more than a thirty day supply of medication. Anything over a thirty day supply will be sent home, or need to be picked up.
- Students are not allowed to carry and or self administer their medications at school. Exceptions are made for emergency medications such as EpiPens and rescue inhalers.
- Medication orders are valid one calendar year from when the prescriber signs and dates the order.
- Parents/guardians may retrieve unused or discontinued medication at the time of discontinuation or at the end of the school year. Medication will be destroyed if it is not picked up within one week following the termination of the order or termination of the student's school year.
- Tube feeds and/or water flushes into a G-tube during the school day require a signed doctor's order