



LABBB Health Office at Lexington High School

251 Waltham St. Lexington, MA 02421

Tel: 781-861-2400 ext 1009

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Email: healthoffice@labbb.net

MEDICATION ORDER AND PERMISSION FORM

Student name: _____ 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 student to self-administer medications, 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: _____



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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 licensed prescriber and the parent/guardian.
- For short-term medications taken for ten (10) school days or less, the pharmacy label on the prescription bottle is acceptable as a prescriber's 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 the bus driver) must bring medications to the nurse's office. Students are allowed to transport empty containers home for refills.
- Please do not send more than a thirty (30) day supply of medications. 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, unless a plan and special permission have been obtained between the parent and the school nurse. Exceptions to this are made for emergency medications, such as Epipens and rescue inhalers.
- Medication orders are valid for 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 the end of the student's school year.
- Tube feeds and/or water flushes into a student's g-tube during the school day require a signed doctor's order.