

WESTWOOD PUBLIC SCHOOLS
Westwood, Massachusetts

MEDICATION POLICY

To ensure the health and safety of children needing medication during the school day, the Westwood Public Schools requires that the following procedures be followed:

- Absolutely no medication, including over-the-counter medication, will be administered without a completed Medication Authorization Form (p. 2) signed by both a licensed prescriber and a parent.
- Medication orders are only valid for the current school year. A new Medication Authorization Form must be submitted annually.
- Every attempt should be made to give medication at home. Whenever possible, medication should be scheduled at times other than school hours. Medications that are to be given only one time per day or medications that can be administered before or after-school should not be administered at school. The first dosage of any new medication must be given at home before it can be administered at school.
- Medication must be supplied in the pharmacy or manufacturer-labeled container with the student's name and correct dose specified.
- Over-the-counter and non-prescription medications must be in the original store-issued container. Please also label the container with your child's full name and birthdate.
- No medications are supplied by the school.
- A parent/guardian or an authorized adult must deliver all medications to the school nurse. Please do not send them with your child.
- You, or a designated adult, will be required to sign and verify the amount and dose of medication being brought to school.
- No more than a 30 day supply of medication should be delivered to school.
- A recent photo of your child is required for medication administration.
- Parents must pick-up any unused medication by the last day of school, or within one week of terminating the medication order. If medication is not picked-up as requested, it will be appropriately disposed of by school staff.

This form is intended for regular school hours and does not include the Extended Day Program.

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MEDICATION FORM/PARENTAL CONSENT

Student Name: _____ Date of Birth: _____

Allergies: _____ Date of Order: _____

Provider Order

Name of Licensed Provider: _____ Title: _____

I have examined this student for (diagnosis) _____ and I have determined that he/she requires medication during school hours. Please note that, whenever possible, medications should be scheduled at times other than school hours.

Name of Medication: _____ Dosage: _____

Route: _____ Frequency: _____

Time(s) of Administration: _____ Duration: _____

Start Date: _____ End Date: _____

Special instructions regarding this medication:

Relevant side effects:

Contact me for the following signs/symptoms:

Consent for self administration: Yes / No. (If the school nurse determines it is safe and appropriate.)

Signature of Licensed Prescriber: _____

Phone: _____ Fax: _____ Email: _____

Parent/Guardian Consent

1. I, the undersigned parent/guardian of the above-named student, hereby request that the school nurse or trained designee administer the above medication according to the healthcare provider's instructions above.
2. I agree to furnish the necessary prescribed medication in the properly-labeled container, to provide replacement medication as necessary, and to notify the school nurse immediately if the provider or medication prescription is changed or discontinued.
3. I authorize, as needed, the sharing of information related to my child's health between the school nurse and the healthcare provider listed. **I understand that, without this authorization to communicate, these orders will not be implemented.**
4. Is this a new medication? Yes / No **If yes, the first dose must be given at home.**

Please list any other medications (prescription, over-the-counter, and/or herbal) that your child is taking at this time.

Parent/Guardian Signature: _____ Date: _____

Contact Phone: _____ Email: _____

*This document is in effect for the current school year only and is intended for regular school hours.
It does not include the Extended Day Program.*