

## **IMPORTANT INFORMATION ABOUT MEDICATION IN SCHOOL**

As a rule, medication is not to be given in school. In most cases, pupils who are on prolonged medication can have the dosage adjusted by their prescriber to take the medication before or after school hours.

When it is absolutely necessary that a dose of medication (prescription or over-the-counter) be given during school hours, the attached form **MUST** be completed and returned to the School Nurse.

This includes any as needed medication such as Epi-pen or inhalers.

The medication must be delivered to the School Nurse by the parent/guardian in a pharmacy labeled container.

The bottle of medicine must be labeled by the pharmacy with:

1. Name of Child
2. Name of Licensed Prescriber (Doctor)
3. Name and Strength of Medication
4. Dosage and Schedule for Administration of the Medication

Please ask your pharmacist to provide two labeled medicine bottles — one for school and one for home.

No more than a 30 day supply of the medicine should be sent to school.

The medicine will be kept safe in a locked cabinet while at school.

You are welcome to speak with the School Nurse if you have any questions.

**HOLYOKE NON-PUBLIC SCHOOLS  
SCHOOL HEALTH PROGRAM**

AUTHORIZATION FOR DISPENSING MEDICATION IN SCHOOL

**TO BE COMPLETED BY PHYSICIAN OR LICENSED PRESCRIBER (Please Print)**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Name of Medication & Dosage: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_

Duration of Treatment: \_\_\_\_\_

Possible Side Effects/Adverse Reactions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician/Prescriber

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**TO BE COMPLETED BY PARENT**

I hereby authorize the School Nurse to give the above named medication to my child.

Le doy permiso a la Enfermera del la Escuela a dar la medicina nombrada arriba.

\_\_\_\_\_  
Student's Name/Nombre del Estudiante

\_\_\_\_\_  
Student's Grade/Grado

\_\_\_\_\_  
Signature of Parent or Legal Guardian/ Firma

\_\_\_\_\_  
Date/ Fecha