

**Wellesley Public Schools
Medication Authorization Form**

This form is to be completed by a licensed medical provider and parent/guardian before any medication (over-the-counter* or prescription) can be dispensed in school. The medicine must be in its original packaging and/or in a clearly labeled container provided by the pharmacist.

Student Name _____ D.O.B. _____ Grade _____

Physician Medication Order: Please complete if the above named student must take the designated medication at school.

Medication _____ Dosage _____ Route _____

Frequency _____ Time(s) to be given at school _____

Special Instructions _____

Consent for self- administration of ___insulin ___ inhaler if the school nurse determines it is safe and appropriate:
Yes___ No___

Date of Order _____ Discontinuation Date _____

Diagnosis _____ Drug/Food Allergies _____

Name of licensed provider _____ Title _____

Signature of licensed provider _____ Date _____ Telephone No. _____

Parent/Guardian Consent:

Name of Parent/ Guardian _____ Relationship to student _____

Please list any additional medications currently taken by student _____

Consent for self-administration of ___ inhaler ___EpiPen if the nurse determines that it is safe and appropriate:
Yes___ No___

I, the undersigned parent or guardian, give permission to the school nurse (or school personnel designated by the school nurse) to administer the above medication to my child or to supervise my child in taking the above medication if approved to do so by the school nurse. I authorize the school nurse to share information about such medication administration, as the school nurse deems necessary, for the health and safety of my child. I understand that I may retrieve the medication from the school at any time and that the medication will be destroyed if it is not picked up within one week beyond the close of school.

Signature of Parent/Guardian _____ Date _____

Telephone (home) _____ (cell) _____ (work/pager) _____

***Please read the WPS medication policies on the back of this form for exceptions to this policy.**

Wellesley Public Schools Medication Policies:

1. Medication must be supplied to the school nurse in the appropriate dosage and in the original pharmacy container. No more than a 30-day supply should be kept at the school.
2. A written "Order" from the student's licensed health care provider and a written "Consent" form signed by the student's parent or guardian must be submitted to the school nurse. This applies to daily medications and those medications taken on an as needed basis such as inhalers and EpiPens.
3. At the Wellesley middle and high schools, nurses may administer ibuprofen or acetaminophen to an individual student once during the school day for dental pain, headache, menstrual cramps or muscle soreness, if parent/guardian has signed a consent form. The middle school and high school nurses supply ibuprofen and acetaminophen in tablet form only. Parent/guardian must provide chewable or liquid medication, if their child is unable to swallow tablets.
4. If short-term (10 day or less) prescription medication is to be administered during the school day, the original pharmacy container will serve as the written "Order" from the health care provider. A "Consent" form signed by parent/guardian is still required.
5. Elementary nurses may administer children's acetaminophen and/or ibuprofen for dental discomfort to an individual child once during school day. Parent/guardian must provide written consent and medication in its original container.
6. School nurses may administer allergy eye drops to an individual child once during the school day for treatment of allergy symptoms. Parent/guardian will provide written consent and medication in its original container.
7. School nurses may administer decongestant and/or cough suppressant to an individual child once during school day for up to three days. Dosage will be determined by dosing chart on the container. Parent/guardian must provide written consent and medication in its original container.
8. Herbal and/or homeopathic medication will not be administered in school.
9. Medication is administered only by the school nurse and is stored in a locked cabinet in the nurse's office. The nurse may delegate administration of student medication during a field trip.
10. **For their own safety, students should never transport medication to and from school or keep medicine in their possession during the school day. The exception to this policy is that students may carry their personal inhaler and/or EpiPen and self-administer but only with consent from their physician and parent/guardian.**
11. School nurses and trained non-nursing personnel can administer Epinephrine by auto-injector to students with identified severe allergic reactions.