



MEDICATION ADMINISTRATION PLAN and PARENT/GUARDIAN CONSENT

FOR SCHOOL YEAR: _____ & Summer Program

Student's Name: _____ DOB: _____

Lead Guide: _____

Parent/Guardian printed name: _____

Address: _____

Telephone: Home: _____ Work: _____

Cell: _____

Other person to be notified in case of medication emergency:

Name: _____ Phone: _____

Medication Administration Plan:

My son/daughter has the following food or drug allergies: _____

I give permission for the school to administer (medication) _____
prescribed by: _____ to _____
Licensed Prescriber Student

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

I give permission for the nurse to share information relevant to this medication as she determines necessary for my child's health and safety. Yes _____ No _____

I understand that the medication must be delivered by a responsible adult, in a properly labeled pharmacy bottle to the Nurse's office. Medications of any kind, prescription or non-prescription, can only be administered with a physician's order and permission from the parent and or guardian. Unused medication must be picked up within one week of the termination of the physician's order or by the last day of school or it will be discarded.

Parent/Guardian signature: _____

School Nurse signature: _____

AUTHORIZATION FOR STUDENT SELF-ADMINISTRATION OF MEDICATION IN SCHOOL

I have instructed my son/daughter _____ in the proper way to use his/her medications. Medications administered must be consistent with school policy and a medication plan must be developed with the school nurse in accordance to with the Massachusetts Regulations Governing the Administration of Prescription Medications in Public and Private Schools (105 CMR 210.00), as printed on page three (3). Permission is given to notify staff of self-administration. If the student does not comply with agreement for self-administration, the nurse may cancel the agreement. Student, parent/guardian, and staff will be notified of the cancellation of the agreement.

Parent/Guardian signature: _____

Student signature (if applicable): _____

(School Use Only)

____ Epi Pen: _____
____ Inhaler: _____
____ Medication: _____

The Student understands the following:

- ____ Reason for Medication
- ____ Dosage of medication
- ____ How to take medication
- ____ Documentation
- ____ Side effects
- ____ Privacy (self and others)

Medication storage: _____

In my professional opinion this student may or may not self-administer the medication and use his/her medication by him/herself.

School Nurse Approval: _____

105 CMR 210.000

210.006: Self Administration of Prescription Medications

(A) Consistent with school policy, students may self-administer prescription medication provided that certain conditions are met. For the purposes of 105 CMR 210.000, "self-administration" shall mean that the student is able to consume or apply prescription medication in the manner directed by the licensed prescriber, without additional assistance or direction.

(B) The school nurse may permit self-medication of prescription medication by a student provided that the following requirements are met:

- (1) The student, school nurse and parent/guardian, where appropriate, enter into an agreement which specifies the conditions under which prescription medication may be self-administered;
- (2) The school nurse, as appropriate, develops a medication administration plan (105 CMR 210.005(E) which contains only those elements necessary to ensure safe self-administration of prescription medication;
- (3) The school nurse evaluates the student's health status and abilities and deems self-administration safe and appropriate. As necessary, the school nurse shall observe initial self-administration of the prescription medication;
- (4) The school nurse is reasonably assured that the student is able to identify the appropriate prescription medication, knows the frequency and time of day for which the prescription medication is ordered, and follows the school self-administration protocols;
- (5) There is written authorization from the student's parent or guardian that the student may self-medicate, unless the student has consented to treatment under M.G.L. c. 112, § 12F or other authority permitting the student to consent to medical treatment without parental permission;
- (6) If requested by the school nurse, the licensed prescriber provides a written order for self-administration;
- (7) The student follows a procedure for documentation of self-administration of prescription medication;
- (8) The school nurse establishes a policy for the safe storage of self-administered prescription medication and, as necessary, consults with teachers, the student and parent/guardian, if appropriate, to determine a safe place for storing the prescription medication for the individual student, while providing for accessibility if the student's health needs require it. This information shall be included in the medication administration plan. In the case of an inhaler or other preventive or emergency medication, whenever possible, a backup supply of the prescription medication shall be kept in the health room or a second readily available location;
- (9) The school nurse develops and implements a plan to monitor the student's self-administration, based on the student's abilities and health status. Monitoring may include teaching the student the correct way of taking the prescription medication, reminding the student to take the prescription medication, visual observation to ensure compliance, recording that the prescription medication was taken, and notifying the parent, guardian or licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the prescription medication;
- (10) With parental/guardian and student permission, as appropriate, the school nurse may inform appropriate teachers and administrators that the student is self-administering a prescription medication.