



# BRISTOL-PLYMOUTH REGIONAL TECHNICAL SCHOOL

207 HART STREET, TAUNTON, MASSACHUSETTS 02780-3715

*Berkley • Bridgewater • Dighton • Middleborough • Raynham • Rehoboth • Taunton*

[www.bptech.org](http://www.bptech.org)

Telephone 508-823-5151

Fax 774-299-6102

Dear Parent/Guardian:

When a student needs to take any medication during the school day, the following are required:

- Written doctor's order - which must include student's name, diagnosis, any known allergies, name of medication, dose, time/frequency to be given, route, reason for medication, and possible side effects.
- Signed Parent Consent for Administration of Medication form on file with the nurses' office.
- Parent/guardian must drop off medication to the nurses office with completed doctor's order and parent consent form (Students are not allowed to carry medication on them during school, unless it is an emergency medication and approved by the nurse - i.e.. Epi-pen, inhaler).
- No more than a 30-day supply of medication may be brought to the nurses' office
- Medication must be in original container, labeled by the pharmacy - description on the bottle must match pills inside – and bottle must match the doctor's order
- If a student will need a medication on a field trip - please see Field Trip Medication Packet for additional forms.
- A new doctor's order must be obtained each school year
- Please contact the nurses for any questions at: (508)823-5151 x 106 or [bpnurses@bptech.org](mailto:bpnurses@bptech.org)

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**PRESCRIPTION AND OVER THE COUNTER MEDICATION FORM**

Dear Parent or Guardian,

**If it is necessary for your child to receive medication during the school day, a written order with specific directions must be provided to the school nurse by your health care provider, with signed permission by a parent or guardian.**

A student may not carry medication or self-administer medication without proper authorization from their health care provider, school nurse and parent.

A parent or designated adult must deliver the medication to the school in the original box or bottle with the current prescription label on the container. Unused medication must also be taken home by a parent or an adult. ANY MEDICATION THAT IS NOT PICKED UP BY THE END OF THE SCHOOL YEAR WILL BE DISCARDED.

**Please have your health care provider complete this form and return or fax it to the school nurse's office.**

**MEDICATION ORDER:**

Name of student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Order: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Reason: \_\_\_\_\_

Time of administration at school: \_\_\_\_\_

Possible reaction: \_\_\_\_\_

Health Care Provider signature: \_\_\_\_\_

I hereby give my permission for the school nurse to administer the above medication during the school day to my son/daughter.

\_\_\_\_\_  
Parent/ Guardian signature

\_\_\_\_\_  
Date

**MEDICATION ADMINISTRATION PLAN    YEAR \_\_\_\_\_**  
**PARENT/GUARDIAN CONSENT**

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

Parent/Guardian Printed Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Please list all medications your child is currently receiving, including those given during the school day (If not in violation of confidentiality): \_\_\_\_\_

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I give permission for the school nurse to give to my child the following medication for this school year as ordered by their health care provider

List of medications and dosage \_\_\_\_\_

Name of health care provider \_\_\_\_\_

My son/daughter is known to have the following allergies: \_\_\_\_\_

I give permission for the school nurse to share information relevant to this medication with appropriate school staff as she determines necessary for my child's health and safety.    Yes \_\_\_\_\_ No \_\_\_\_\_

I have reviewed the following information with the school nurse:

Duration of order: \_\_\_\_\_ Expiration date of medication received: \_\_\_\_\_

Possible side effects/adverse reaction: \_\_\_\_\_

Location/storage of medication: \_\_\_\_\_

Plan for off school grounds, after school activities and field trips: (field trip medication delegation or self- administration forms filled out and signed by parent \_\_\_\_\_)

Plan for monitoring medication: \_\_\_\_\_

Medication may be retrieved from the school nurse at any time; however, the medication will be destroyed if it is not picked up within 1 week following the termination of the medication order or 1 day beyond the end of the school year.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must include a medication order written by the student's health care provider. Information should include, the name of the medication, dosage, route of administration, time of administration, frequency, diagnosis, possible side effects and whether the student may self-administer their own medication for field trips and other after school activities as long as the school nurse deems it safe and appropriate.