



INNOVATION ACADEMY CHARTER SCHOOL

**PRESCRIPTION MEDICATION ORDER
2010-2011**

To be completed by a Licensed Prescriber (physician, nurse practitioner or other authorized by Chap. 94C)

Name of Student (PRINT) _____ Grade _____

Address _____ Date of Birth _____
(street) (city/town)

Name of Licensed Prescriber _____ Title _____

Address _____ Town _____ Phone _____

Diagnosis (If not in violation of confidentiality) _____

Medication(s) _____

Dosage _____ Route of Administration _____

Frequency _____ Time(s) of Administration _____

Specific directions or information for administration: _____

(PLEASE NOTE: When possible, medication should be scheduled at times other than school hours.)

Allergies: _____

Side effects, contraindications, or possible adverse reactions to be observed for: _____

Has the student been trained in the proper use of Inhaler/Epipen? Yes ___ No ___ N/A ___

Is the student authorized to carry and to self-administer Inhaler/Epipen? Yes ___ No ___ N/A ___

Any other medical condition(s) _____

Other medication being taken by the student _____

The date of the next scheduled visit or when advised to return to prescriber _____

Date of Order _____ Discontinuation Date _____

Licensed Prescriber Signature _____ **Date** _____

MEDICATION MUST BE PROVIDED IN ORIGINAL PROPERLY LABELED CONTAINER

- I request that my child be assisted in taking the medicine(s) described above at school by the school nurse.
- I give permission for my children to self administer his/her Epipen/Inhaler. My child is aware as to when to administer it and has proven to me and our physician that he/she is knowledgeable in its application.

(Date)

(Parent/Guardian Signature)

(Home Phone)

(Emergency Phone)

Medication Administration Policies

It is the policy of Innovation Academy to administer medications during the school day only when necessary. In order for your child to receive medication during school hours the following forms must be signed and submitted every year.

Emergency Information Form

Permission to receive medication at school is found on the back side of the yellow Emergency Information Form. This section needs to be completed and signed in order for your child to receive any medication at school including but not limited to Tylenol (acetaminophen) or Advil (Ibuprofen). In addition this form provides important contact and health information. **The form may be downloaded from the schools website under the “Forms” tab.**

Prescription Medication Order Form

This form needs to be completed and returned to the school nurse only if your child will be receiving long-term prescription medications during the school day (for example Concerta , inhalers etc.) Short term antibiotics and epi-pens are the only prescription medications that do not require this separate signed medication order. For short term medications, such as antibiotics, the instructions on the bottle will be sufficient if the current label is intact, and a parent or guardian signed consent is provided. Epi-pens have their own medical form (see below). **The *Prescription Medication Form* can be downloaded from the school’s website, under the “Forms” tab or may be picked up at the school.**

Epi-pens

All students who require an epi-pen in school must have an “Allergy Action Plan” completed and signed by both the prescribing physician and a parent. **The *Allergy Action Plan* can be downloaded from the school’s website under the “Forms” tab or may be picked up in the Health Office.**

General Medication Information

All medication orders must be for treatment of a specifically diagnosed medical need **and must be renewed at the beginning of each school year.**

If you plan to continue to restart your child’s medication treatment next year, please complete and return the necessary forms to the school nurse by the first day of school.

All medications must be delivered to the school and picked up from the school by the student’s parent/adult guardian or designee. **For their own safety and the safety of other students, students are not allowed to carry medication around during school.** When a physician deems it necessary for a student to have immediate access to medication (i.e. inhaler, epi-pen), the parent will provide documentation from the student’s physician on the appropriate form stipulating such necessity and confirmation that the student has been advised of cautions and proper use of the medication in school.

All prescription medications must be in a labeled bottle that includes the child’s name, name and correct dose of medication, physician’s name, and current date. Please ask your pharmacy to provide separate bottles for school and home. No more than a thirty-day supply of medicine should be delivered to the school. All non prescription medications must be in the original manufacturer’s container.

Medications may be retrieved from school at any time. Medications will be destroyed if they are not picked up within one week following termination of the order or by the last day of school.

It is important for the school nurse to be informed of any medications that your child may be taking or any medication changes even if your child does not receive these medications during the school day (if not in violation of confidentiality). Please contact him/her with this information.

If you have any questions or concerns regarding this information please call the health office at 978-649-0432, x2104.