

match

**Charter
Public
School**

Match High School
1001 Commonwealth Avenue
Boston, MA 02215
Ph: (617) 232-0300

Match Middle School
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

Match Next
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

Match Community Day
86 Wachusett Street
Jamaica Plain, MA 02130
Ph: (617) 983-0300

MEDICATION ADMINISTRATION

Match Charter Public School requires that the attached form be on file in your child's health record before we administer any medication at school. The following information must be completed:

1. **Signed medication order form from your child's healthcare provider.** The healthcare provider order form should be taken to your child's licensed prescriber (your child's physician or nurse practitioner) for completion and returned to the School Nurse for BOTH prescription AND over-the-counter medications not already approved by the parent on the student's Annual Medical Form. **PLEASE NOTE THAT MEDICATION ORDERS MUST BE RENEWED AS NEEDED AND AT THE BEGINNING OF EACH SCHOOL YEAR.**
2. **Signed consent by the parent or guardian.** Please complete the bottom section of the form and sign for medication to be administered to your child during the school day.

Medications must be delivered to the school in a pharmacy or manufacturer-labeled container by you or a responsible adult whom you designate. Please ask your pharmacy to provide separate bottles for school and home. No more than a 30-day supply of medication should be delivered to the school.

If we do not receive the required forms we will NOT be able to administer the medication. Therefore, please promptly follow these requirements so that the School Nurse may begin administering medication to a student as soon as possible.

Thank you for your cooperation.

Sincerely,

Match Nursing Staff



Charter
Public
School

Match High School
1001 Commonwealth Avenue
Boston, MA 02215
Ph: (617) 232-0300

Match Middle School
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

Match Next
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

Match Community Day
86 Wachusett Street
Jamaica Plain, MA 02130
Ph: (617) 983-0300

HEALTHCARE PROVIDER ORDER AND PARENT PERMISSION FORM MEDICATION ADMINISTRATION

Your child's **healthcare provider** must fill out this section completely and sign.

Student Name _____ Date of Birth _____

Provider Name _____ Telephone _____ Emergency Telephone _____

Date of Order _____ Length of Order _____

Name of medication _____ Dose _____ Route _____

Time to be given at school _____ Specific Instructions _____

Diagnosis(es) _____

Side effects or contraindications _____

Medication allergies _____

May child self-administer if School Nurse determines that it is safe and appropriate? Yes / No

Physician's Signature: _____ Date: _____

Parent/guardian must complete this section and sign. Prescription medication is required to be in its **original container with a pharmacy label**. Pharmacists can separate the prescription into two bottles, one for home and one for school.

Student's Homeroom (if applicable) _____

Parent/Guardian Name _____ Telephone _____ Emergency telephone _____

Emergency Contact _____ Telephone _____

Other medications taken by student _____

Any food or drug allergies _____

May child self-administer if School Nurse determines that it is safe and appropriate? Yes / No

I give permission to the School Nurse to: (1) delegate or administer medication as prescribed by my child's healthcare provider, (2) contact the prescriber and share information relevant to the prescribed medication with school staff as he/she determines appropriate for my child's health and safety, (3) determine if self-administration of medication is safe and appropriate for my

match

**Charter
Public
School**

Match High School
1001 Commonwealth Avenue
Boston, MA 02215
Ph: (617) 232-0300

Match Middle School
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

Match Next
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

Match Community Day
86 Wachusett Street
Jamaica Plain, MA 02130
Ph: (617) 983-0300

child's health, and (4) dispose of any medications that I have not picked up by the end of the school year or summer academy, as applicable.

Parent/Guardian Signature _____ Date _____

****MEDICATION WILL NOT BE ADMINISTERED IN SCHOOL IF MEDICATION POLICIES ARE NOT FOLLOWED****

