

**MASHPEE PUBLIC SCHOOLS  
HEALTH SERVICES**

**Parent/Guardian Consent & Medication Administration Plan**

**\*\*Students are not allowed to transport medication\*\***

Completion of this form by the student's parent/guardian is required for any prescription AND over-the-counter medication to be administered in school, per MA law 105 CMR 210.00 and per Mashpee Public Schools (MPS) policy. **All medications must be delivered to the school health clinic by an adult** in the original pharmacy-labeled or manufacturer container. All medications will be securely stored in the health clinic unless otherwise determined by the school nurse and the parent/guardian.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Emergency Contact Name/Cell Phone: \_\_\_\_\_

Food/Drug Allergies (if applicable): \_\_\_\_\_

Medication Name(s) and possible side effects: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency/Time: \_\_\_\_\_ Route: \_\_\_\_\_

Licensed Prescriber Name/Phone: \_\_\_\_\_

Date Ordered: \_\_\_\_\_ Duration of Order: \_\_\_\_\_ Med Expiration Date: \_\_\_\_\_

Other medications my child is taking: \_\_\_\_\_

Plan for field trips: Send \_\_\_\_\_ Do not send: \_\_\_\_\_ Contact prior to trip \_\_\_\_\_

Plan for early release days & late starts: \_\_\_\_\_

Plan for monitoring medication (if applicable): \_\_\_\_\_

I give permission for the school nurse (or MPS staff delegated by the school nurse) to administer and/or supervise my child in taking the medication. Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for the school nurse to contact the prescriber completing the medication form if further information is needed regarding the care of my child. Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for my child to carry/self-administer their medication with School Nurse discretion Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that it is my responsibility, if needed, to send my child's medication for all after-school hours activities and trips (i.e. sports, concerts, overnight trips, etc). I understand that I may retrieve my child's medication at any time during the school year; however, any medication not picked up within one week of the termination of the medication order will be destroyed, and all other medication not picked up by the closing bell on the last day of school will be destroyed per MA state law and MPS policy.

**Required Signatures:**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_