



**North Attleboro Public Schools**  
**Health Services Department**  
564 Landry Ave.  
North Attleborough, Massachusetts 02760  
508-643-2130 x2040  
Fax 508-643-2136

Dear Parent/Guardian:

We would like to inform you of the policies that are in place to ensure the health and safety of children needing medications during the school day as mandated by school law.

Our school district requires that a physician signed medication order along with signed parental permission must be on file in your child's health record before we begin to give any medicine at school. Please note that this includes both prescribed medication and over the counter medication (ex. cough medicine). Exceptions are Tylenol, Ibuprofen, Benadryl and cough drops which are covered by orders from our school physician, but can only be given by the school nurse with parent consent (on the emergency card).

**ALL MEDICATION MUST BE DELIVERED TO THE SCHOOL IN A PHARMACY OR MANUFACTURER LABELED CONTAINER BY YOU OR A RESPONSIBLE PERSON WHOM YOU DESIGNATE.** Pharmacies will provide separate bottles for school and home when asked. No more than a 30-day supply of the medication should be delivered to school. All medications will be stored in the nursing office.

This form is available on the North Attleboro Public School Website ([www.naschools.net](http://www.naschools.net)) under [Health-](#) "Medication form" When your child needs medicine to be given during the school day, please act quickly to follow these policies or we will not be able to administer the medication due to state regulations. Physicians may use this form or a form from their own office.

If you have any questions, please contact your building school nurse. Our goal is to medicate those in need, avoid absenteeism and have your child in school, ready to learn.

Please have your physician fax the medication to the school your child attends:

<b><u>Early Learning Center</u></b> fax-508-643-2188	<b><u>Amvet</u></b> fax-508-643-2184	<b><u>Community</u></b> fax-508-643-2179	<b><u>Falls</u></b> fax-508-643-2185
<b><u>Joseph Martin</u></b> fax-508-643-2163	<b><u>Roosevelt</u></b> fax-508-643-2187	<b><u>Middle School</u></b> fax-508-643-2136	<b><u>High School</u></b> fax-508-643-2164

Thank you for your help,

Melissa Langille-Badger RN and  
Your District Nursing Staff



## North Attleboro Public Schools Health Services Department

All medication must be delivered to the school in a pharmacy or manufacturer labeled container by a parent/guardian or a responsible person designated by the parent/guardian. No more than a 30 day supply should be delivered to school. A designated adult must pick up any remaining medications from the nurse's office by the last day of school in June.

**THIS FORM MUST BE COMPLETED AT THE BEGINNING OF EVERY SCHOOL YEAR**

### STUDENT INFORMATION

Student Name	DOB	Grade	School Year
_____	_____	_____	_____
Medical Condition	Allergies		
_____	_____		

### CONTACT INFORMATION

Parent/Guardian Name	Phone number
_____	_____

### MEDICATION INFORMATION

Medication Name	Dose	Route	Frequency
_____	_____	_____	_____
Diagnosis/Reason for medication			
_____			

### PRESCRIBING HEALTH PROFESSIONAL

Signature	Date
_____	_____
Printed Name	
_____	
Phone	Fax
_____	_____

### Parent/Guardian AUTHORIZATION FOR NURSING STAFF ADMINISTRATION

- I request that the above medication be given to my child during school hours
- I will immediately notify the school of any change in the medication of prescribing health professionals order, dose change, frequency or duration of medication.
- I give permission for the school nurse to consult with my child's prescribing health professional concerning any questions that arise with regard to the listed medication, medical condition or side effects of this medication.
- I give permission for school staff to administer the medication on a field trip, as necessary. **YES**  **NO**

Parent/Guardian Signature	Date
_____	_____