



St. John the Evangelist School
696 Washington Street
Canton, MA 02021-3008

Dear Parent/Guardian,

St. John’s School, in compliance with the Department of Public Health, requires that the following forms be on file in the Health Office before **any** medications are administered at school (includes all over the counter medications, except Acetaminophen/Tylenol). Forms can be found on the St. John School website or available upon request.

1. You are required by the Archdiocese of Boston to sign the waiver at the bottom of this letter for the administration of your child’s medication.
2. **Medication Administration Plan and Parent/Guardian Consent form:** This form requires the *signature of the parent or guardian* to allow a nurse to give a prescription medication. This consent form must be returned to the Health Office.
3. **The Medical Provider Permission to Administer Medication form:** This form requires the *signature of your child’s licensed provider* (physician, nurse practitioner, etc.) and must also be returned to the Health Office. All medication forms must be renewed at the beginning of each academic year.

You, or a responsible adult whom you designate, should deliver or pick up medications to/from the school in a pharmacy or manufactured-labeled container. Please ask your pharmacist to provide separate bottles for school and home use. No more than a thirty-day supply of the medicine should be delivered to the school.

Thank you for your anticipated cooperation.

Sincerely,

Eileen St. James, RN, BSN
School Nurse (781) 821-1353/ fax (781) 828-7563
eileen.stjames@stjohnsschoolcanton.org

Please sign the following, as requested by the Archdiocese of Boston:

I individually, and as parent/guardian of my child, for ourselves and our heirs, executors and administrators, hereby release and forever discharge the Roman Catholic Archbishop of Boston, a Corporation Sole, St. John the Evangelist School, its principal, teachers, instructors, volunteers, priests, employees and agents and each such persons and such entity’s agents, representatives, successors or assigns from and any and all claims and causes of action, including but not limited to claims for personal injury which I, individually and as parent or guardian of my child, may have arising out of or in any way related to the administration the medications referenced herein.

→ _____
Parent/Guardian Signature

Print name of Parent/Guardian

Date

St. John the Evangelist School
696 Washington Street
Canton, MA 02021
(781) 821-1353/ fax (781) 828-7563

MEDICATION ADMINISTRATION PLAN and PARENT/GUARDIAN CONSENT

Student's Name: _____ **Grade:** _____ **DOB:** _____

Parent/Guardian Printed Names: _____

Address: _____

Phone: Home: _____ **Work** _____ **Cell** _____

Other person to be notified in an emergency if the parent/guardian is unavailable:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

- **I give my permission for the school nurse (or trained personnel in the case of epipen) to administer the following medication(s) to my child:**

1. _____

2. _____

3. _____

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

- My son/daughter is known to have the following food or drug allergies: _____

- I give permission for my son/daughter to self-administer his/her epinephrine _____ and/or inhaler _____ as prescribed by his/her physician. Yes _____ No _____

- I give permission for the school nurse to share information relevant to this medication as she determines necessary for my child's health and safety. Yes _____ No _____

- Please complete the following information which will be reviewed with the school nurse:

Duration of order: _____ Expiration date of medication received: _____

Possible side effects/adverse reaction: _____

Should medication be given on early release days? Yes _____ No _____

Plan for field trips: Not needed on field trip _____ Parent/Guardian will chaperone: _____

Plan for monitoring medication: Student to return to nurse if needed

I understand that the medication must be delivered to the health office by a responsible adult, in a properly labeled pharmacy bottle. The medication must be accompanied by a Medical Provider Order. Unused medication must be picked up within one week of the termination of the physician's order or within two days after school ends or it will be discarded.

- Parent/guardian signature: _____ Date: _____

School Nurse signature: _____ Date: _____