

# **Cape Cod Lighthouse Charter School**

## **MEDICATION POLICY**

In compliance with Massachusetts General Law and for the safety of our students, this medication Policy has been written and will be strictly enforced.

The policy for administration of medications, whether prescribed or over-the-counter, during school hours, is as follows:

Medication must be accompanied by a medication permission form signed by both the physician and parent. For short term medications such as antibiotics, the prescription bottle is acceptable for a physician's order and the medication permission form or a written statement by the parent is also required.

Medication must be supplied by the parent in the original pharmacy container. (Please ask your pharmacist to provide a second container and send only the amount of medication needed to school.)

The School Physician has authorized the dispensing of certain medications (Tylenol, Tums, Pepto-Bismal & Benadryl) with written parental permission.

Medication is kept locked in the nurse's office and is dispensed by the school nurse. For your child's safety and the safety of other students, students are not allowed to carry medication at school. When a physician deems it necessary for a student to have immediate access to medication (inhaler), the parent will provide documentation from the physician stipulating such necessity and confirmation that the student has been advised of cautions and proper use of the inhaler in school.

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

The parent may retrieve the medicine from school at any time and the medicine will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of the school year.



Cape Cod Lighthouse Charter School

195 Route 137, E.Harwich, MA 02645

phone: 774-408-7994

Authorization for the Administration of Acetaminophen, Ibuprofen, Tums, etc.

Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent / Guardian (print name) \_\_\_\_\_

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

My child is currently receiving the following medications:

\_\_\_\_\_

My child has the following allergies:

\_\_\_\_\_

I consent to have the School Nurse or school personnel designated by the School Nurse administer a single dose of Tylenol (Acetaminophen) 500 mg 1-2 tablets, when necessary, such as in the case of a severe headache or temperature greater than 101 F or severe orthodontic pain. This may be given no more than once a day.

Please give \_\_\_\_\_ tablets.

I consent to have the School Nurse or school personnel designated by the School Nurse administer a single dose of Ibuprofen 200 mg 1-2 tablets, when necessary, such as in the case of a severe headache or temperature greater than 101 F or severe orthodontic pain. This may be given no more than once a day.

Please give \_\_\_\_\_ tablets.

I consent to have the School Nurse or school personnel designated by the School Nurse administer a single dose of Tums 1-2 tablets, when necessary, such as in the case of a severe upset stomach or indigestion.

Please give \_\_\_\_\_ tablets.

I consent to allow my child to access to sunscreen, Caladryl Clear lotion, First Aid burn spray, lip balm, OraGel, antibiotic ointment and hydrocortisone as deemed necessary by the School Nurse.

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent / Guardian signature \_\_\_\_\_ Date \_\_\_\_\_