

Student Medical Information Letter: 2020-2021

Dear Parent/Guardian,

According to the Department of Education, Department of Public Health and the Department of Early Education and Care regulations, **all students are required to have a yearly physical exam and an updated immunization report on file.** A dental exam is strongly suggested.

Medication Requirements:

If your child takes medication during the school day, and/or during residential hours, the following documentation is **required** to permit medication administration.

- A new written doctor's order on physician's letterhead for the 2020-2021 academic year.
- Written parental permission to administer medication.
- An accurately labeled pharmacy container for medication(s).
- Medication supply of not greater than a 1 month quantity, to be kept in the nursing department.

Medications are to be delivered **directly to the nursing department** by a parent or adult, not the student. Medications will be administered by a nurse or her designee in the case of a field trip.

If your child has a special need regarding medication or medical treatment, delivery of a medication or a restriction, please call the Nursing Department at (508) 879-5110:

For Middle and High School Students: Ext. 520

For Pre-K and lower/upper Elementary School: Ext. 221 or 225

Thank you,
Nursing Department
The Learning Center for the Deaf

Student Medication Permission: 2020-2021

Please check one: **Walden School** or **Marie Philip School**

STUDENT LAST NAME: **FIRST:** **Middle:**

The nurse or their designee gives all medications. Written permission from parent/guardian and a physician's order is needed for all medications and to allow for self-administration of medication.

Please list all medications presently being taken at school and at home. Include prescription and non-prescription medications:

Medication:	Reason(s) child takes medication:

I give permission to the school nurse or personnel designated by the school nurse to give prescribed medications listed above.

I give permission to the school nurse to share with appropriate school personnel information relative to the prescribed medicine as determined necessary for my child's health and safety.

Parent/guardian signature: _____

Date: _____

Student signature (if 18 or older): _____

Date: _____

In a medication emergency, the parent/guardian will be notified.

Note: *Parent/guardian may retrieve medication from the school at any time. Medications not picked up within 1 week following termination of the order or 1 week beyond the close of school will be destroyed unless alternative plans have been made.*

Medication Self Administration: 2020-2021

Please check one: Walden School or Marie Philip School

The Marie Philip and Walden School policy does not allow students to carry oral medication on their person or to self-administer medication.

Exceptions may be made for students with asthma who carry an inhaler, for students who carry an epi-pen or for students with other special needs.

The following documentation is required two weeks before the first day of school for self-administration:

- A written doctor's order for the medication.
- Written parent/guardian permission for the student to self-administer the specific medication.
- The student must demonstrate the ability to follow the procedure of self-administration.
- The student must be competent to keep a sufficient quantity of medication with them in school and on field trips and/or sports events.

Please feel free to contact the nursing department should you have any questions.

Please complete the following if your child currently uses an asthma inhaler, an epi-pen or has a special need:

I give my permission for my child to self administer:

- Asthma inhaler
- Epi-pen
- Other: Special Need: _____
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STUDENT LAST NAME: _____ **FIRST:** _____ **Middle:** _____

Parent/guardian signature: _____

Date: _____