



The Marie Philip School  
at The Learning Center for the Deaf  
**Medication Permission**

**Date:** \_\_\_\_\_

Student name: \_\_\_\_\_  
Last name
First name
Middle name

The nurse or her 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.

<b>Medication:</b>	<b>Reason(s) child takes medication:</b>

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 and licensed prescriber 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

The Marie Philip School  
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**Medication Self Administration**

**Date:** \_\_\_\_\_

The Marie Philip School policy does not allow students to carry 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 2 weeks before the 1<sup>st</sup> 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: \_\_\_\_\_

Student: \_\_\_\_\_  
Last name First name Middle name

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Report of Dental Examination**

**Date:** \_\_\_\_\_

This is to certify that on \_\_\_\_\_ I have examined the teeth of:  
Date

\_\_\_\_\_  
Student name

\_\_\_\_\_  
D.O.B.

- No dental treatment is necessary.
- Treatment has been recommended.
- Treatment is in progress.
- Treatment completed.

Recommendations/Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Next scheduled visit: \_\_\_\_\_

**A yearly report of a dental exam is required by The Department of  
Education.**

\_\_\_\_\_  
Dentist Signature

\_\_\_\_\_  
Date

**PARENT/GUARDIAN PLEASE RETURN THIS FORM TO THE NURSES  
OFFICE.**

The Marie Philip School  
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**Medical Information Letter**

Dear Parent/Guardian,

**All students:**

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 for the 2016 - 2017 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 on 508 879-5110 ext. 520 for Middle and High School students, call ext. 221 or 225 for Pre-K and lower/upper Elementary School students to develop a health plan to meet your child's needs.

Thank you.

Mary Rapa, RN  
Director of Health Services