

KENNEDY DAY SCHOOL PROGRAM
Franciscan Children's
30 Warren St., Boston MA 02135
tel. 617 254-3800 fax: 617 779-1639 email: KDSnurses@franciscanchildrens.org

AUTHORIZATION FOR MEDICATION ADMINISTRATION

IMPORTANT: In order for KDS nursing staff to administer medication to a student during school hours, the Massachusetts Department of Elementary and Secondary Education regulations require the following:

- Signed parent/legal guardian consent to give medication(s)
- Signed order by a licensed prescriber for medication(s)
- Medication sent to school in a container labeled by the pharmacy or licensed prescriber with correct dosage information and current date (not expired.)

These requirements are in place for both medications that will be given at a scheduled time and PRN medications (ex. EpiPen, Diastat, Valtoco, Nayzilam, Oxygen, Dietary Supplements, Boost, etc.)

PARENT CONSENT

We/I give our/my permission for Kennedy Day School nurses to administer medication to _____ as ordered below.

Student's Name

Signature of Parent/Legal Guardian

Date

MEDICATION ORDERS

(Must be signed by licensed prescriber)

Medication

Dosage/Route

Time(s) given

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |

Specific directions, observations or information for administration:

Name of Licensed Prescriber (Please print)

Telephone #

Signature of Licensed Prescriber

Date