

MEDICATION PERMISSION: 2019-2020 SCHOOL YEAR
TRI-COUNTY REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL

NAME OF STUDENT: _____ **GRADE:** _____

I understand that the School Health Policy requires special permission for the use of any medication by students during school hours. We have Standing Orders from our Tri-County School Physician allowing certain over-the-counter medications, listed below, to be administered by the School Nurse. As a reminder, all prescribed medications are to be in their original container, clearly marked with the name of the medication and the amount to be given. Parents must bring in all prescribed medications. Medications must be locked in the nurse's medicine cabinet during school hours. Exceptions to this rule must be specified in writing by a physician.

Please indicate which medications you would allow the School Nurses to administer:

Acetaminophen 325mg, take 1 – 2 tablets every 4-6 hours for pain, fever.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ibuprofen 200mg, take 1-2 tablets every 6-8 hours for pain, fever.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Antacid take 1- 2 tablets every 4 hours for stomachache.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydrocortisone cream 1% for itchy skin as needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benadryl 25mg 1-2 capsules every 6-8 hours, for allergic reactions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Calamine lotion as needed for skin rash.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Triple Antibiotic Ointment as needed for cuts, abrasions, open skin.	<input type="checkbox"/> Yes <input type="checkbox"/> No

THIS FORM MUST BE SIGNED BY A PARENT OR GUARDIAN:

Parent/Guardian Signature: _____ Date: _____

Feel free to contact the school nurse with any additional questions or concerns.
(508) 528-5400, Ext 130 or 107

School-Based Medicaid Program

Local communities in Massachusetts have been approved for partial reimbursement of medically necessary services provided to students who receive MassHealth benefits. Allowing schools to bill for these in-school services in no way impacts the amount or availability of covered services outside of school. Enclosed please find a MA parental consent form which details the billing procedures; included in that form is the state's reassurance to parents that billing for in-school services will not impact available benefits for services rendered outside of school. If your student receives MassHealth, please sign the enclosed parental consent form and return it to the Nurse's Office with this health form. Should you need further information, the state has published a letter to parents, entitled *School-Based Medicaid Program Bulletin 32* which can be found on Tri-County's website under the Nurse link.

Feel free to contact the Director of Student Support Services with any additional questions on Medicaid billing.
(508) 528-5400, Ext. 260