



Saint Mary's Schools PreK-12

50 Richland Street

Worcester, MA 01610

Phone: (508) 753-0484 - Elementary School

Phone: (508) 753-1170 - Junior/Senior High School

www.stmarysworcester.org

July, 2017

Dear Families,

St. Mary's Schools do not have a school nurse. Having medical files in order is a requirement of the Diocese of Worcester but having a nurse is not a requirement. We do have a Health Office that is staffed by administrators or a designated adult when administrators are not available.

Prescription medication, with the Medication Administration Request Form filled out by the doctor, will be given by administrators or by a designated adult when needed. **Non-prescription medication**, such as Tylenol, stomach antacid etc., is not provided by the health office. Anyone wishing their child to have these medications, when needed, should fill out the Non-Prescription Medication Release Form and send it in with the medication of choice which will be stored in a locked area in the health office with the release form.

Minor injuries will be taken care of in the Health Office with a phone call to a parent or a note to be sent home with the child letting parents know what happened and what was done. If the injury is more severe, we will administer basic first aid and call a parent or a person on the emergency card to pick up the child for further treatment. The parents will always be the first ones we will try to reach.

If the injury is life threatening, 911 will be called immediately and then parents will be called to meet the ambulance at the school or at the hospital if a parent has to travel any distance.

Please sign on the space below and return this signed paper to your child's teacher as proof that you have read and understand the medical procedure at St. Mary's Schools.

If there are any nurses who are interested in volunteering in the Health Office, please give Mrs. Ahearn a call at 508-753-1170 ext. 12.

I have read and understand the medical/first aid procedures at St. Mary's Schools.

Student name _____

Parent signature _____



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NON-PRESCRIPTION MEDICATION RELEASE FORM

Student _____

Grade _____

May be given the following (check all that apply):

- Over the counter pain relief (Tylenol, Advil, etc) for headache or pain
- Non-drowsy nasal decongestant
- Stomach antacid
- Other (specify)

Please provide any specific dosage instructions below:

Parent's Signature: _____

Date: _____

Physician's Signature: _____

Date: _____

Please send in a sealed bottle or unopened box with your son or daughter's name on it to the Nurse's Office SIGNED BY BOTH the student's parent/guardian AND the student's physician with this form.

St. Mary's Schools

50 Richland St. Worcester, MA 01610

Phone #: 508-753-1170 fax: 508-795-0560

Written Parent/Guardian Consent for: **PRESCRIPTION MEDICATION ADMINISTRATION**

PLEASE PRINT

Student's name: _____ Grade: _____

Date of birth: _____ Male: _____ Female: _____

Parent/Guardian's name: _____

Address: _____ City: _____ Zip: _____

In case of an emergency: check the number to call first:

Home #: _____ Cell #: _____

Work #: _____

Other persons, if any, to be notified in case of emergency, if parent/guardian is unavailable:

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

Phone #: _____

My son/daughter is currently receiving the following medications:

(to be completed if not in violation of confidentiality)

1) _____

2) _____

3) _____

My son/daughter is known to have the following allergies:

1) _____

2) _____

3) _____

CONSENT

1. I give permission to have the school health coordinator give the following medicine

_____ prescribed by _____

(name of medicine)

(Licensed Provider)

to _____

(name of student)

2. I give permission to the school health coordinator to share with appropriate school personnel information relative to the prescribed medicine administration (e.g. adverse side effects)

as she/he determines necessary for my son's/daughter's health and safety. YES ___ NO ___

Any restrictions on release: _____

(Please note: I understand that I may retrieve the medicine from the school at any time and that 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 school.)

Signature of parent/guardian _____

Relationship to student: _____ Date: _____

A signed medication order with instructions from the physician must accompany this form.