



GREATER NEW BEDFORD REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL

1121 Ashley Boulevard, New Bedford, MA 02745-2496
Tel. 508-998-3321 Fax 508-995-7268 www.gnbvt.edu

Preparation • Passion • Perseverance

Dear Parent/Guardian,

In order to provide medication to your child during the school day we require the attached forms to be completed (Physician Medication Order & Parent/Guardian Authorization).

MEDICATION WILL NOT BE ACCEPTED OR ADMINISTERED WITHOUT A LICENSED PRESCRIBER'S WRITTEN ORDER AND PARENTAL CONSENT FORM ON FILE IN THE NURSE'S OFFICE.

Please return completed forms along with prescribed medication to the Nurses' Office. Please also review the attached *Medication Administration Procedure*. If you have any questions, please contact the Nurses' Office at ext. 204/205/661/791. Our direct confidential fax number is 508-998-4647.

Thank you,
GNBVT Nurses

Greater New Bedford Regional Vocational Technical High School is committed to ensuring equal opportunities for all students. The school does not discriminate on the basis of race, color, national origin, genetics, ancestry, limited English proficiency, sex, disability, religion, sexual orientation, gender identity, age, homelessness, immigration status, military status or veteran status in its education programs and activities, including admission to or employment in such programs or activities.

Michael P. Watson
Superintendent-Director

Maciel Pais
Executive Director
Operations and Technology

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DEI and Compliance

Proudly Serving the Towns of Dartmouth and Fairhaven and the City of New Bedford



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MEDICATION ADMINISTRATION PROCEDURE

Greater New Bedford Regional Vocational Technical High School (GNBRVTHS) is committed to ensuring the health, safety, and well-being of all students. We recognize that some students require medication during the school day to maintain optimal health and academic focus. To ensure compliance with Massachusetts State Law and to maintain a safe environment for everyone, GNBRVTHS has established strict guidelines for handling both prescription and over-the-counter medications.

While families are highly encouraged to administer medications at home whenever possible, the following procedures must be strictly followed if school-day administration is absolutely necessary.

Medication State Law¹ prohibits the administration of medication in school without a written order from a licensed prescriber and a signed parent/guardian consent form. *We encouraged families to administer medications at home whenever possible.*

If it is absolutely necessary for your child to take medication (**prescription or over the counter**) during the school day, **a written medication order from a licensed prescriber and a completed parental consent form must be on file in the nurse's office.** Forms are available on the GNBVT school website (<https://www.gnbvt.edu/parents-students/student-health/>) or in the nurse's office.

All **PRESCRIPTION** medication must be delivered to the Nurse's Office in the *original pharmacy labeled container*. **CONTROLLED MEDICATIONS MUST BE DELIVERED BY AN ADULT. OVER THE COUNTER** medication may be delivered to the Nurse's Office by a student in the original, sealed container. **THE STUDENT IS RESPONSIBLE FOR REPORTING TO THE NURSE'S OFFICE AT THE DESIGNATED TIME TO TAKE THEIR MEDICATION.**

PLEASE NOTE:

- All medication orders must be renewed each school year (*Please ensure required paperwork is completed on or after July 1st of the new school year*).
- Narcotic medications are not allowed to be taken during school hours, nor should a student be under the influence of a narcotic while in school. **Students requiring narcotics should remain at home.**
- All medication must be picked up on or before the last day of each school year. **All medication not picked up will be destroyed.**

¹ <https://www.mass.gov/doc/105-cmr-210-the-administration-of-medications-in-public-and-non-public-schools/download>

ALL MEDICATION MUST BE KEPT IN THE NURSE'S OFFICE UNLESS IT IS DETERMINED BY THE SCHOOL NURSE THAT IT IS SAFE AND IN THE BEST INTEREST OF THE STUDENT TO CARRY THE MEDICATION ON THEIR PERSON FOR THE PURPOSE OF SELF ADMINISTRATION.

These procedures are designed with your child's safety as our highest priority and will be strictly enforced to ensure the safety and well being of all of our students. By ensuring clear communication, up-to-date documentation, and secure handling of all medications, we can prevent medical errors and maintain a healthy learning environment.

We appreciate the cooperation of parents, guardians, and students in adhering to these guidelines. If you have any questions, need to update your child's medical files, or need assistance obtaining the required forms, please contact the GNBVT Nurse's Office directly at 508-998-3321 ext. 204, 205, 661 or 791. Let's work together to keep our school community safe and healthy!



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Medication Order

(To Be Completed By A Licensed Prescriber – Physician, Nurse Practitioner, or Others Authorized by Chapter 94)

Student's Name:		DOB:		Grade:	
Address:			City:		State: Zip:
Name/Title of Licensed Prescriber:			Business Phone:		Emergency Phone:
Medication:			Dosage:		
Route of Administration:		Frequency:		Time(s) of Administration:	
<i>Please Note: Whenever possible, medications should be scheduled at times other than school hours. Over-the-Counter medications will require a written order to be administered in school.</i>					
Special Directions/Information for Administration:					
Date of Order:			Discontinue Order:		
Diagnosis (If not in violation of confidentiality):					
Any other Medical Condition(s):					
Additional Information:					
1. Special side effects, contra-indications, or possible adverse reactions to be observed:					
2. Other Medications being taken by the student:					
3. The date of the next scheduled visit or when advised to return to the prescriber:					
Consent for self-administration provided the school nurse determines it is safe and appropriate: <input type="checkbox"/> YES <input type="checkbox"/> NO					
Signature of Licensed Prescriber:				Date:	
Comments:					



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Parent/Guardian Authorization for Dispensing Medication

(To Be Completed By Parent/Guardian)

Student's Name:		DOB:		Gender:	
Address:			City:		State: Zip:
Parent/Guardian Name(s):		Home Phone:		Cell Phone: Work Phone:	
Emergency Contact (If Parent/Guardian unavailable):			Telephone:		Relationship:
My child is currently receiving the following medications (to be completed if not in violation of confidentiality). Please list all medication the child is receiving, including those given during the school day:					
My child is known to have the following allergies:					
I give permission to have the school nurse/trained personnel give the following medications:					
Prescribed by:			To (Child's Name):		
I give permission for my child to self-administer his/her medication if the school nurse determines that it is safe and appropriate. YES <input type="checkbox"/> NO <input type="checkbox"/>					
I give permission for the school nurse to train designated unlicensed school personnel to administer my child's medication when the school nurse (RN) is not immediately available on field trips or during extracurricular activities. YES <input type="checkbox"/> NO <input type="checkbox"/>					
I understand that I may retrieve the medication from the school at any time and that the medication will be destroyed if it is not picked up within one week following the expiration of the order or by the last day of the school year. I also understand that the school nurse may share, with appropriate school personnel, information relative to the prescribed medication, e.g., adverse effects, as he/she determines necessary for my child's health and safety. (if you object to this, please contact the school nurse).					
Signature of Parent/Guardian:		Date:		Relationship to Student:	