



HAMPDEN CHARTER SCHOOL OF SCIENCE WEST

Hampden Charter School of Science - West
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Hampden Charter School of Science, in compliance with Massachusetts General Law, Chapter 112, Section 80 B requires that students who need medications during school hours provide the following:

1. Present a written doctor's order stating the diagnosis, medication, time and duration of treatment.
2. Present a written consent form signed by the parent or legal guardian.
3. The medication must be in the original prescription bottle, properly labeled by the pharmacist or ***it will not be accepted.***
4. Psychotropic drugs will be transported by an adult, counted for and co-signed by the School Nurse. No more than a thirty (30) day supply will be kept at school. (I.e. Ritalin, Dexedrine.)

THIS APPLIES TO "OVER-THE COUNTER" MEDICINE AS WELL AS PRESCRIPTIONS.

TO BE COMPLETED BY PHYSICIAN

Child's name: _____ Date of Birth: _____
Medication: _____
Diagnosis: _____
Dosage, Time, Duration: _____
Restrictions: _____

Signature of Physician Printed Name of Physician
Phone: _____ Date: _____

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, _____, give permission for my child,
_____, to receive the above medication.

- Check here to administer on half days of school.
 Check here for permission to share health information with necessary school personnel.

Parent/Legal Guardian's Signature Printed Name of Parent/Legal Guardian

Phone: _____ Date: _____

- ***The School will act based on the information provide here. It is expected that this form is accurate, complete and up-to-date and any changes will be communicated to the school in an expedited manner. Both parent and medical provider signatures required.***