

**Foxborough Regional Charter School**  
**2010-2011 EMERGENCY MEDICATION DURING BUS TRANSPORT**

Students Grade 4 and below will not be assessed for self administration of emergency medication. Upon parent/guardian request, Kindergarten through Grade 4 students and older students who do not meet the criteria for self administration may be permitted to carry prescription medication for life threatening emergencies while being transported to and from school provided the following requirements are met.

1. A parent/guardian signed IHCP (Individualized Health Care Plan) will be in place. It will be noted on the IHCP that student carries emergency medication during bus transport to and from school.
2. Parent/Guardian will sign a consent for their child to carry emergency medication and agree to the following criteria:
  - A. Parent/Guardian provides permission to School Bus driver in an Emergency situation to administer the prescribed emergency medication and/or prescribed Epi-Pen if necessary.
  - B. Parent/Guardian will provide emergency medication as directed by licensed provider. Medication will be in a pharmacy labeled or manufacturer's container and be clearly labeled with the child's name.
  - C. Parent/Guardian will be responsible for checking expiration dates and replacing any expired medication.
  - D. Student will be required to sit in the front seat of the bus for supervision purposes.
  - E. Emergency prescription medication will be kept in the student's backpack. It is the parent/guardian's responsibility to introduce the student to the bus driver and to inform bus driver where in the backpack the medication is located, (front outside pocket). If changes are made throughout the year, it is the responsibility of the parent/guardian to inform the bus driver.
  - F. A second set of emergency medication, provided by the parent, will be kept in the Nurse's Office.
3. Foxborough Regional Charter School is not responsible for loss or mishandling of medication by student.
4. Student behavior that endangers their health and safety or the health and safety of others may result in the loss of privilege to carry medication.

---

Student \_\_\_\_\_

Grade \_\_\_\_\_

Bus # \_\_\_\_\_

I acknowledge receipt of and agree to the above **Emergency Medication During Bus Transport** Procedures.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Foxborough Regional Charter School**

**2010-2011 EMERGENCY MEDICATION DURING BUS TRANSPORT**

**Self Administration of Emergency Medications**

Students Grade 5-12 may carry and self-administer emergency prescription medication during bus transport, provided that certain conditions are met. For the purposes of 105 CMR 210.000 "self Administration" shall mean that the student is able to administer medication in the manner directed by the licensed provider. Emergency medications are medications for life threatening medical emergencies.

The school nurse may permit self administration provided that the following requirements are met:

1. A parent signed IHCP (Individualized Health Care Plan) is in place. It will be noted on the Emergency Plan portion of the IHCP that student is carrying their emergency medication and has been authorized to self administer it in an emergency.
2. Parent/Guardian will provide emergency medication as directed by licensed provider. Medication will be in a pharmacy labeled or manufacturer's container and be clearly labeled with the student's name.
3. A second set of emergency medication, also provided by parent, will be kept in the nurse's office.
4. Parent will sign consent for carrying and self administration of emergency medication.
5. Licensed provider will provide a written medication order and sign authorization for self administration.
6. Student will report self administration to the School Nurse for documentation.
7. The School Nurse will sign authorization for self administration if reasonably assured that student is able to identify the medication, reason for its use and is able to administer medication according to licensed provider's directions.
8. Assessment and evaluation of self administration is at the discretion of the School Nurse.
9. Student Behavior that endangers their health and safety or the health and safety of others may result in loss of ability to carry and self administer.
10. Foxborough Regional Charter School is not responsible for loss or mishandling of medication by student.

---

Student \_\_\_\_\_

Grade \_\_\_\_\_

Bus # \_\_\_\_\_

I acknowledge receipt of and agree to the above **Emergency Medication During Bus Transport** Procedures.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Foxborough Regional Charter School**  
**2010-2011 EMERGENCY MEDICATION DURING BUS TRANSPORT**

Consent for Release of Medical Information

- I do not give permission to the Foxborough Charter School to release medical information to my child's bus driver.
  
- I hereby grant permission for the Foxborough Charter School to release the following medical information to my child's bus driver.

Please Check:

- Asthma
- Allergies to Bees
- Allergies to Foods
- Allergies to Latex
- Diabetes
- Seizure Disorder
- Bleeding Disorder
- Other

---

(Please explain other)

This information is requested in order to insure the safety of your child while being transported to and from school, attending field trips and other school activities (athletic and educational activities).

---

**Please sign and return this consent to your child's school nurse as soon as possible.**

Student \_\_\_\_\_

Grade \_\_\_\_\_

Bus # \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date