



# HAMPDEN CHARTER SCHOOL OF SCIENCE

Hampden Charter School of Science  
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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.**

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### 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: \_\_\_\_\_

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### 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: \_\_\_\_\_