



BISHOP CONNOLLY HIGH SCHOOL

373 Elsbree Street, Fall River, MA 02720

Phone: 508.676.1071 Fax: 508.676.8594

www.BishopConnolly.com

Dear Parent/Guardian:

We would like to inform you of the policies that have been put in place to ensure the health and safety of our students needing medications during the school day.

Our school district requires that the following forms must be on file in your child's health record before we begin to give any medications at school. Both forms may be downloaded from the school website at bishopconnolly.com/health-office/.

1. Signed Parent Prescription Medication Permission Form. To provide parent/guardian consent for Bishop Connolly to administer medication, please complete and return the form to the school nurse.
2. Signed Prescriber Medication Order Form. The written medication order form should be taken to your child's licensed prescriber (your child's physician, nurse practitioner, etc.) for completion and returned to the school nurse. The order must be renewed as needed and at the beginning of each academic year.

Medications should be delivered by you or a responsible adult whom you designate to the school nurse in a pharmacy or manufacturer-labeled container. Please ask your pharmacy to provide separate bottles for school and home. No more than a thirty-day supply of the medication should be delivered to the school. Students are responsible to report to the BCHS Health Office at the time that daily medication is to be distributed.

Please submit the required forms promptly so that we have documentation on file to administer medicine to your child when needed during the school day. If you have any questions, please call the school's Main Office at 508.676.1071.

Thank you,
BCHS Health Office