

## Welcome All New and Returning Students!

My name is Taryn Donovan and I will be your child's school nurse at The Perry. I wanted to send out this letter to welcome everyone, give families some important information and also make it easier for you to locate medical forms.

Please send in an **updated Physical** for your child, especially any new students and those in grades 4 and 6.

Sometimes students require simple medications like ibuprofen or acetaminophen (for headache or pain) or bacitracin applied to a scrape or cut while in school. If you would like the nurse to administer over the counter medications to your child, please fill out an over the counter medication form. This form allows the nurse to administer ibuprofen, acetaminophen, benadryl, bacitracin or calamine lotion as needed. If you prefer that these medications are not administered in school, simply do not check the medications you do not want administered at school. The nurse will call before administration, but does require a signature on file. If you are unable to print out these forms, they can be sent home.

If your child requires any other medications at school (epi pen, asthma inhaler, or any medication requiring a prescription or that has an active ingredient) please see the following form that requires parent signature as well as doctor's order and signature. The nurse is unable to administer any medications without these documents.

Both forms can be found here:

[https://drive.google.com/file/d/1-S-jhXPQdCoFYusn5mAG9\\_aNmBo7zKtJ/view?usp=drive\\_link](https://drive.google.com/file/d/1-S-jhXPQdCoFYusn5mAG9_aNmBo7zKtJ/view?usp=drive_link)

The **OTC form** only requires a parent signature and only applies to the medications already mentioned: **ibuprofen, acetaminophen, cetirizine, benadryl, bacitracin or calamine lotion**

The **Medication Authorization Form** is for all other medications students may need administered at school. This form requires a parent signature at the top right, but the remainder of the form should be completed and signed by the primary care physician or nurse practitioner. This form should also be accompanied by an **Asthma Action Plan** or **Emergency Action Plan** for Life Threatening Allergies and should be completed by the physician or nurse practitioner.

Thank you for your understanding. Please call or email me with any questions you may have. It is so important that all students remain healthy and happy so they will get the most of their learning experience and I'm here to help! Looking forward to seeing everyone in September!

Thank you,  
Nurse Taryn

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