Office of the School Nurse
Southbridge Public Schools
Southbridge, Massachusetts

PARENTAL MEDICATION FORM

General Information

Student Name ____ Gender _____ School __________ Grade ____

Date of Birth __________________________

Name of Parent/Guardian ____
Please Print

Address ____

Home phone _____________________ Cell Phone ______________________ Work Phone _____________________

Other person(s), if any, to be notified in case of emergency if parent/guardian is unavailable:

Name of contact ____
Please Print

Relationship to student ____

Home phone _____________________ Cell Phone ______________________ Work Phone _____________________

My son/daughter is currently receiving the following medications (to be completed if not in violation of confidentiality). Please list ALL medicines the child is receiving, including those given during the school day.)

1.______________________ 2. ________________________ 3.____________________ 4.____________________

My son/daughter is known to have the following allergies: ____

****

Consent

1. I give permission to have the school nurse or school personnel designated by the school nurse give the following medicine ___________________ prescribed by _________________________to ______________________________.
Name of Medicine Licensed Prescriber Name of Student

2. I give permission for my son/daughter to self-administer medication if the school nurse determines it is safe and appropriate. (Yes)_________ (No) ___________

3. I give permission to the school nurse to share with appropriate school personnel information relative to the prescribed medicine administration, e.g., adverse side effects, as she/he determines necessary for my child's health and safety. (Yes) _________ (No) ___________

Any restrictions on release: ____

Please note: I understand that I may retrieve the medicine from the school at any time and that the medicine will be destroyed if it is not picked up within one week following the termination of the order or one week beyond the close of school.

Signature of Parent/Guardian ____

Relationship to Student ____ Date ______________________________