FOXBOROUGH PUBLIC SCHOOLS

Parent/Guardian Authorization for Medication Administration

(This form will only support ONE medication per page. Please feel free to make copies!!!!)

Student's Name: _____D.O.B.: _____ Grade:_____

Parent/Guardian's Name (printed):_____

Home #_____Work #_____ Cell #_____

I consent to have the school nurse administer the following medication to my child:

MEDICATION:_____Dose/Time: "Per MD order"

This medication is prescribed by: _____
My SON / DAUGHTER is currently receiving the following medications:
Medications taken at home:_____

My SON / DAUGHTER has the following allergies (food, medication or insect, etc):_____

_____

I give permission for a staff member, designated by the school nurse, to administer prescribed medication to my child at school, in an emergency or on a field trip. Daily meds, inhalers, & Epi Pens will go on all field trips; however, PRN (as needed) medications may not be delegated, per regulations set forth by the MA Department of Public Health, and will not be sent on field trips (e.g. Benadryl, Tylenol, Ibuprofen).

Yes: _____ (Parent initials) **No** :_____ (Parent initials)

Please check off the type of medication you are leaving with the nurse. Check all that apply:

- **Routine, daily medication: _____ Inhaler (given as needed)**:_____
- **Emergency, Epi Pen:_____ As needed medication (e.g. Tylenol):_____**

I understand that if an Epi Pen is administered, my child will be transported to the nearest hospital, and I will be called: _____(Parent initials)

As it relates to the prescribed medication listed above, I give permission to the school nurse to share this information with staff she deems appropriate: Yes: _____ (Parent initials) **No** :_____ (Parent initials)

I understand that I may retrieve the medication from the school nurse at any time, and that any medication not retrieved within one week of the close of school will be destroyed_____(Parents initials)

My child can self-administer their inhaler correctly on a field trip? Yes:____ (Parents initials) No____ (Parents Initials)

Parent/Guardian Signature: _____ **Date**:_____

Relationship to the student:_____