

CARDINAL SPELLMAN HIGH SCHOOL

738 COURT STREET • BROCKTON, MASSACHUSETTS • 02302-2898 TEL (508) 583-875 x33
FAX (508) 580-1977

PARENT/GUARDIAN AUTHORIZATION NON-PRESCRIPTION MEDICATION ADMINISTRATION

Name of Student _____ DOB ____ / ____ / ____

Parent/Guardian Printed Name _____

Home phone _____ Cell _____

Work phone _____ Emergency _____

Other person(s) to be notified in case of medication emergency

Name _____ Phone _____

Name _____ Phone _____

My son/daughter is currently receiving the following medications (to be completed if not in violation of confidentiality):

My son/daughter has the following food or drug allergies:

I consent to have the school nurse or school personnel designated by the school nurse administer the medication prescribed by:

_____ to _____
Licensed Prescriber Student's Name

I give permission for my son/daughter to self-administer medication, if the school nurse determines appropriate for my son's/daughter's health and safety.

I understand I may retrieve the medication from the school at any time; however, the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Parent/guardian signature _____ Date _____

Relationship to Student _____

Address _____