



CARDINAL SPELLMAN

HIGH SCHOOL

"Sequere Deum"

738 Court Street
Brockton, MA 02302-2898
www.spellman.com

Phone: 508.583.6875
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 _____

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PRESCRIPTION MEDICATION ADMINISTRATION**

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MEDICATION ORDER FOR ANAPHYLAXIS TO BE COMPLETED BY A LICENSED PRESCRIBER: PHYSICIAN, NURSE PRACTITIONER OR OTHER AUTHORIZED BY CHAPTER 94C

Name of Student _____ DOB ____/____/____

Address _____ Grade _____

Name of Licensed Prescriber _____ Title _____

Business Telephone # _____ - _____ - _____ Emergency Telephone # _____ - _____ - _____

Type of Allergy _____

Other Medical Condition(s)* _____

Other Medications Taken by Student* _____

In the event of exposure to allergen: Do Immediately
 Do when signs/symptoms of allergic reaction appear

- 1) Administer Oral Benadryl _____ cc p.o.
- 2) If signs/symptoms worsen or are unresolved with oral Benadryl within ____ min or, ORAL BENADRYL NOT ORDERED please administer:
 - Epi-Pen s.c.
 - Epi-Pen Jr. s.c.
- 3) If signs/symptoms unresolved with Epi-Pen/Epi-Pen Jr. s.c. within ____ min administer repeat dose of:
 - Epi-Pen s.c.
 - Epi-Pen Jr. s.c.

Life threatening allergic reactions are given epinephrine immediately.
911 called whenever epinephrine is administered.

Other orders: _____

Special side effects, contraindications, or possible adverse reacting to be observed:

Consent for self-administration (provided that R.N. determines it is safe and appropriate)

Yes _____ No _____

Prescriber Signature _____ Date _____

*If not in violation of confidentiality