



**FOXBOROUGH PUBLIC SCHOOLS**

School Health Services

**AHERN MIDDLE SCHOOL**

(508)543-1646 FAX (508)0543-1654

**Parent/Guardian Authorization for Medication Administration**

(This form will only support ONE medication per page.)

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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: \_\_\_\_\_

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, insect etc.):

\_\_\_\_\_

I give permission for a staff member, designated and trained 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 initial)

Please check off the type of medication you are leaving with the nurse:

- Routine, daily medication: \_\_\_\_\_ Inhaler (given as needed): \_\_\_\_\_
- Epi Pen: \_\_\_\_\_ PRN medication (e.g. Tylenol, Benadryl) \_\_\_\_\_

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 initial) No: \_\_\_\_\_ (Parent initial)

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. \_\_\_\_\_ (Parent initial)

My child can self-administer their inhaler on a field trip: Yes \_\_\_\_\_ (Parent initial) No \_\_\_\_\_ (Parent Initial)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

*Foxborough Public Schools do not discriminate on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation or disability.*