GREATER NEW BEDFORD REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL

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Parent/Guardian Authorization for Dispensing Medication

(To Be Completed By Parent/Guardian)

Student's Name:	DOB:	Gender:	
Address:	City:	State:	Zip:
Parent/Guardian Name(s):	Home Phone:	Cell Phone:	Work Phone:
Emergency Contact (If Parent/Guardian unavailable):	Telephone:	Relationship:	

My child is currently receiving the following medications (to be completed if not in violation of confidentiality). Please list all medication the child is receiving, including those given during the school day:

My child is known to have the following allergies:

I give permission to have the school nurse/trained personnel give the following medications:

Prescribed by:	To (Child's Name):

I give permission for my child to self-administer the medication if the school nurse determines that it is safe and appropriate.
YES ☐ NO ☐

My child has my permission to self-administer his/her inhaler according to the physician's order/instructions on the day of his/her field trip.
YES ☐ NO ☐

My child has my permission to self-administer his/her daily medication according to the physician's order/instructions on the day of his/her field trip.
YES ☐ NO ☐

I give permission for the school nurse to train unlicensed school personnel to administer epinephrine (by auto-injector) to my child with a diagnosed life-threatening allergic reaction condition when the school nurse (RN) is not immediately available or on field trips. YES ☐ NO ☐

I understand that I may retrieve the medication from the school at any time and that the medication will be destroyed if it is not picked up within one week following the expiration of the order or by the last day of the school year. I also understand that the school nurse may share, with appropriate school personnel, information relative to the prescribed medication, e.g., adverse effects, as he/she determines necessary for my child's health and safety. (if you object to this, please contact the school nurse).

Signature of Parent/Guardian:	Date:	Relationship to Student:

Revised June 2018