DUXBURY PUBLIC SCHOOLS
WRITTEN PARENT/GUARDIAN CONSENT
FOR MEDICATION ADMINISTRATION
General Information

Name of Student:	**School**	**Grade:**	**Date of Birth:(mm/dd/yyyy)**	**Sex (circle one)** M or F
Name of Parent/Guardian:				
Address:	**Tele.(Home)**	**Tele.(Work):**	**Tele. Emergency** (Where parent/guardian can be reached in case of emergency):	
Other Persons, if any, to be notified in case of emergency if parent/guardian is unavailable:				
Name:	**Relationship:**	**Telephone:**		
My son/daughter is currently receiving the following medications (to be competed if not in violation of confidentiality):				
Please list all medicines the child is receiving, including those given during the school day.				
1.				
2.				
3.				
4.				
My son/daughter is known to have the following allergies:				

Consent (Circle Yes or No)

1.Yes / No I give permission to have the school nurse give (Name of Medicine) ______________________________ prescribed by (Licensed Prescriber) ___________________________ to (Name of Student) ____________________.

2. Yes/ No I give permission for my son/daughter to self administer medication if the school nurse determines it is safe and appropriate.

3. Yes/ No I give permission to the school nurse to share with appropriate school personnel information relative to the prescribed medicine administration, e.g., adverse side effects, as she/he determines necessary for my son's/daughter's health and safety. Please note any restriction on release ____________________________________

4. Yes / No Field Trip Permission: I give permission for a responsible adult other than the school nurse the to administer medication to my son/daughter during field trips.

(Please note: I understand that I may retrieve the medicine from the school at any time and that the medicine 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.)

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

Please print, complete and return to your child's school health office.