BRISTOL COUNTY AGRICULTURAL HIGH SCHOOL
135 Center Street, Dighton, Massachusetts 02715
Tel. (508) 669-6744 ● FAX (508) 669-6747

Emily Anderson, RN, BSN
School Nurse
135 Center Street
Dighton, Mass. 02715

Telephone: (508) 669-6744, Ext 1222

Parent/ Guardian Authorization for Medication Administration
General Information

Student's name:_____ Date of Birth:_____ Grade:_____

Parent/Guardian Name:_____

Address:_____

Tel. number (Home):_____ Tel. number (Work):_____
Tel. number (where a parent/guardian can be reached in case of an emergency):_____

Other persons, if any, to be notified in case of an emergency if parent/guardian is unavailable:
Name:_____
Tel. number:_____ Relationship:_____

My son/daughter is currently receiving the following medications (to be completed if not in violations of confidentiality):_____
My son/daughter is known to have the following allergies:
_____

Consent

1. **I give permission to have the School Nurse or School Personnel designated by the School Nurse give the following medicine:_____**
   (Name of Medicine)
   prescribed by: _____ to _____
   (Licensed Prescriber) (Name of Student)

2. **I give permission for my son/daughter to self administer medication if the School Nurse determines it is safe and appropriate: Yes_____ No _____**
3. **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: Yes___ No ___**
   Any Restrictions on release:_____

(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:_____