

Saint Mary School  
16 Summer Street, Shrewsbury, MA 01545  
Telephone: 508-842-1601, Fax: 508-845-1535

**PARENT/GUARDIAN CONSENT FOR MEDICATION ADMINISTRATION**

**General Information**

Name of Student: \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Phone number (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work) \_\_\_\_\_

Other persons, if any, to be notified in case of emergency if parent/guardian is unavailable:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

My son/daughter is known to have the following ALLERGIES: \_\_\_\_\_

**CONSENT**

1. I give permission for the school nurse give the following medication \_\_\_\_\_  
(name of medicine)  
prescribed by \_\_\_\_\_ to \_\_\_\_\_  
(licensed Prescriber) (name of student)

**2. Field trip consent:**

- a. I give permission for the school nurse to instruct a responsible adult in administering the above mentioned prescribed medicine to my child. YES \_\_\_\_\_ NO \_\_\_\_\_
- b. I consent that my student may carry **emergency** medication on his/her person, and has been fully instructed and is capable of self administering his/her medication if needed. YES \_\_\_\_\_ NO \_\_\_\_\_

3. I give permission to the school nurse to share with appropriate school personnel information relative to the prescribed medicine administration, i.e.: adverse side effects, as she/he determines necessary for my son/daughter's health and safety.  
YES \_\_\_\_\_ NO \_\_\_\_\_ Any restrictions on release \_\_\_\_\_

Please note: I understand that I may retrieve the medication 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 on the last day of school.

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