LEVERETT ELEMENTARY SCHOOL

85 Montague Road
Leverett, Massachusetts 01054
(413)548-9144
Fax 413-548-8148

PARENT/GUARDIAN CONSENT FOR MEDICATION ADMINISTRATION

(please print)

Name of Student ____
Date of Birth _______________ Sex ________ Grade _______

Name of Parent/ Guardian ____
Address ____
Home Phone ____________________ Work ____________________ Cell ____________________

Other person(s) to be notified in case of emergency if parent/guardian is unavailable:
1. Name & Relation _________________________________ Telephone ____________________
2. Name & Relation _________________________________ Telephone ____________________

My Son/daughter is currently receiving the following medications
(to be completed if not in violation of confidentiality)
1. ______________________ 2. _____________________ 3. ___________________ 4. _____________________

My son/daughter is known to have the following allergies ____

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 (licensed prescriber's name) ______________________________ to (student's name) ____ at (time)________________ for the following period of time (beginning to ending date)_________________. A before school dose will be given at__________________________________.

I give permission to the school nurse to share with appropriate school district 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 the termination of the order or one week beyond the close of school.

___________________________________ ________________________ _________________
Parent/Guardian Signature Relationship to Student Date

The Leverett School District assures that all programs, activities, and employment opportunities are offered without regard to race, color, gender, gender identity, creed, ethnic background, national origin, economic status, homelessness, sexual orientation and physical or mental disability.