



SOUTH SHORE CHARTER PUBLIC SCHOOL

Inspiring every student to excel in academics, service, and life

AUTHORIZATION FOR THE ADMINISTRATION OF PRESCRIPTION MEDICINES BY SCHOOL PERSONNEL

The South Shore Charter Public School requires a licensed prescriber's written order and a parent/guardian's authorization for any medication to be administered during school hours.

PHYSICIAN ORDER:

Name of Student _____ DOB _____ Grade _____

Condition for which medication is being administered _____

Medication _____ Route of Administration _____

Dosage _____ Time(s) of Administration _____ Frequency _____

Date of order: _____ Discontinuation date: _____

Side effects, contraindications, or possible adverse reactions:

Note: Student in grades 5-12 may self-administer inhaler medications with permission of prescriber, parent, and school nurse.

Prescriber permission for student to self-carry and administer inhalers only ___ Yes ___ No

Name of Licensed Prescriber

Signature of Licensed Prescriber

Address _____ Phone # _____

Parent/Guardian Authorization

To: South Shore Charter Public School

Date _____

I hereby request and authorize South Shore Charter School personnel to administer the above medication(s) to my child, _____, as ordered above by the licensed prescriber.

My child has the following food or drug allergies:

My child is currently receiving the following medications: (please list all)

I give permission for _____ to self-carry and administer inhalers only ___ Yes ___ No

Name of Parent/Guardian

Parent/Guardian Signature

Telephone # _____ Email _____