Barrington
Public Schools
*empowering all students to excel*

Jennifer Carlson RN – Nichole Collins RN – Madeline Crowell RN -Denise Flores RN – Tammy Lafreniere RN – Melissa McDonald RN

# MEDICATION AUTHORIZATION FORM

Student Name _____ Date of Birth _____

School _____ Grade _____ Teacher/Cluster _____

**This Section to be Completed by Your Child's Physician**

Please give the medication prescribed by me as follows:

Medication: _____ Daily: _____ PRN: _____

Dosage in School: _____ Route: _____ Time: _____ Frequency: _____

Describe Indications/Diagnosis: _____ Side Effects: _____

Other Instructions: _____

INHALERS - May self-carry and/or self-administer: Yes: _____ No: _____ MD Initials:_____

_____ _____ _____

*Physician Signature* *Physician Name (print)* *Date*

**This Section to be Completed by Parent/Guardian**

I give permission to the Barrington School Department to have my child _____ take the above medication during school hours.

Medication will be supplied by me in the original labeled prescription container or the original over-the-counter packaging. All medication will be labeled with my child's name, name of medication, dosage and time to be given. At the end of the school year, parents/guardians are responsible for picking up any unused medications from the health office or they will be disposed of.

FIELD TRIPS: I understand that if it is necessary for my child to take medication on a field trip away from school, I will provide one school day's supply of the medication in the original bottle for my child to self-carry and self-administer.

_____ _____ _____

*Parent/Guardian Signature* *Date* *Best Contact Number*

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| BARRINGTON PUBLIC SCHOOLS – 283 COUNTY ROAD – BARRINGTON RI 02806 | | | |
|---|---|---|---|
| MAIN OFFICE 245-5000 | HIGH SCHOOL 247-3150 | MIDDLE SCHOOL 247-3160 | |
| HAMPDEN MEADOWS 247-3166 | PRIMROSE 247-3170 | NAYATT 247-3175 | SOWAMS 247-3180 |