Global Learning
Charter Public School

190 Ashley Boulevard, New Bedford, Massachusetts 02746
Phone: 508.991.4105 • Fax: 508.991.4110 • www.glcps.org

AUTHORIZATION FOR DISPENSING MEDICATION

Student's Name____ Date of Birth ____________________

Parent/Guardian printed name____

Address____

Telephone number—Home____________________________ Cell Phone number __________________________________

Telephone number—Work____________________________ Telephone number—Emergency________________________

Other person(s) to be notified in case of medication emergency:

Name ____ Telephone number__________________________________

My son/daughter is currently receiving the following medications *(to be completed if not in violation of confidentiality):*
____
____
____

My son/daughter has the following food or drug allergies:
____
____
____

I give permission for my son/daughter to self-administer medication, if the school nurse determines it is safe and appropriate.
_____Yes _____No

I give permission to have my son's/daughter's picture taken and attached to his/her medication administration sheet. I understand that this photograph will be used for medication identification only.
_____Yes _____No

I give permission to the School Nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my son's/daughter's health and safety.

I understand I may retrieve the medication from the school at any time; however, the medication 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.

Parent/guardian signature____

Relationship to Student____

Date____

The Global Learning Charter Public School does not discriminate on the basis of race, color, age, sex, religion, national origin, limited English proficiency, disability, veteran status, marital status, gender identity, sexual orientation or housing status.