Barrington School Department

283 County Road Barrington, RI 02806



Jennifer Carlson RN - Grethe Cobb RN - Nichole Collins RN - Denise Flores RN - Janet Johnson RN - Suzanne Loffredo RN

MEDICATION AUTHORIZATION FORM

Student Name		Date of Birth			
School	Grade	Grade			
This So	ection to be Completed by Your Ch	nild's Physicia	an		
Please give the medication prescrib	ped by me as follows:				
Medication:		Daily:	PRN:		
Dosage in School:	Route:	Time:	Frequency:		
Describe Indications/Diagnosis:	Side E	Side Effects:			
Other Instructions:					
Inhalers Only: May self-carry and/o	r self-administer: Yes: N	0:			
Physician Signature	Physician name (print)		Date		
This S	Section to be Completed by Parent	/Guardian			
permission to the Barrington School take the above medication during s Medication will be supplied by me i medication, dosage and time to be	n the original prescription labeled cor given. I understand that if it is neces	ntainer with my sary for my chi	child's name, name of ld to take medication on		
bottle for my child to self-carry and	provide one school day's supply of the self -administer.	e medication ir	i the original prescription		
Parent/Guardian Signature	Date	Best	Contact Phone Number		
			Revised 05.2016		
MAIN 245-5000	HIGH SCHOOL 247-3150	MIDD	LE SCHOOL 247-3160		

WAIN 245-3000		111G113C1100E 247-3130		WIDDLE 301100E 247-3100			
HAMPDEN MEADOWS 247-3166	PR	IMROSE 247-3170	NAYATT 247-3175		SOWAMS 247-3180		
"The mission of the Barrington Public Schools is to prepare students to become knowledgeable citizens, who contribute to an ever-							

[&]quot;The mission of the Barrington Public Schools is to prepare students to become knowledgeable citizens, who contribute to an ever-changing global society, by providing its students with an understanding education driven by a dynamic curriculum, a dedicated staff and a committed community all constantly striving for excellence."

The Barrington Public Schools do not discriminate on the basis of age, sex, race, religion, national origin, color or handicap in accordance with applicable law and regulations.