

Authorization of parent/guardian for the administration of prescription medication by school personnel

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I hereby request that Cushing Academy's personnel give my child _____,
FIRST MIDDLE LAST

the medication(s) _____ ordered his/her by physician.

How do you wish to be notified if your child is not taking his/her medication?

- Fax
- Telephone Call (OK to leave message?) Yes No
- E-mail at: _____
- Written Notification

The prescribing physician/school physician will also be notified of your child's progress or failure to follow medication orders as prescribed.

Signature of Parent/Guardian: _____ Date _____
MONTH/ DAY/ YEAR

Address _____
STREET

CITY STATE ZIP CODE COUNTRY