



HEALTH SERVICES DEPARTMENT- MEDICATION AND INSURANCE

As Parent/Guardian of _____, DOB _____, I give Spaulding Academy and Family Services permission to administer the prescribed medications as they are stated on the signed physician's order that is provided at admission. *A signed order must be provided prior to admission in order for Spaulding personnel to administer any medications.

I hold Spaulding Academy and Family Services harmless from any consequences from this regimen of medication.

I hereby authorize Spaulding Academy and Family Services to contact the prescribing physician concerning my child's medication treatment.

For ongoing over-the-counter and prescription medication fulfillment, the Health Services Department is currently contracted with Northeast Pharmacy. Costs for all medications that are regularly administered to your student are billed to their insurance. For any medications or co-payments not covered, the Parent/Guardian will be billed. Please contact the Health Services Department with any questions or concerns regarding medication and/or pharmacy fulfillment at 603-286-8901 ext. 141.

Medical Insurance

Primary Insurance:

Insurance Carrier's Name: _____

Carrier's Phone Number: _____

Carrier's claims address: _____

Policy Holder's Name: _____

Policy Holder's Date of Birth: _____

Policy Number/Member ID: _____

Group Number: _____

Secondary Insurance: (if applicable)

Insurance Carrier's Name: _____

Carrier's Phone Number: _____

Carrier's claims address: _____

Policy Holder's Name: _____

Policy Holder's Date of Birth: _____

Policy Number/Member ID: _____

Group Number: _____

Please provide copies of both sides of all insurance cards. If coverage changes, the Parent/Guardian is responsible for informing the Health Services Department of that change immediately.

If this coverage does not encompass the cost of medications or medical consultations, the Parent/Guardian becomes the guarantor of the costs incurred.

Signature of Parent/Guardian

Date

Spaulding Academy and Family Services Representative

Date