

FISHKILL PLAINS ELEMENTARY SCHOOL

PARENT / GUARDIAN PERMISSION FOR STUDENT MEDICATION ON A SCHOOL SPONSORED TRIP

Student _____ Grade ____ Room ____ ID# _____

Date: _____

I give permission to the teacher or designated school personnel or to the person I herein designate _____ to administer the following medication(s).

_____	_____	_____
(Medication)	(Dosage)	(Time to be given)
_____	_____	_____
(Medication)	(Dosage)	(Time to be given)
_____	_____	_____
(Medication)	(Dosage)	(Time to be given)

This medication is to be administered for this school sponsored trip only. The school sponsored trip is scheduled for ____/____/_____.

The medication is furnished by me in a properly labeled original container from the pharmacy. I have provided the medication in the dosage ordered.

I hereby release the Wappingers Central School District of any liability relative to the administration and/or reaction of the medication on the above named student.

Parent/Guardian Signature

Home phone _____

Work phone _____

Cellular Phone _____