

OAK GROVE ELEMENTARY SCHOOL

PARENT PERMISSION FOR IN-SCHOOL MEDICATION

Student _____ Grade ____ Room ____ ID# _____

Date: _____ DOB: _____

I hereby give permission to the school nurse or designated school personnel to administer _____ as prescribed by the physician.

(Physician prescription attached.)

This medication is to be administered as ordered during the current school year. Any changes to the medication order from the physician will be given, in writing, to the school nurse.

I hereby give permission to the school nurse or designated school personnel for appropriate communication with the ordering prescriber related to the above medication.

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

I agree to hold the School District, its employees and agents, who are acting within the scope of their duties, harmless in any and all claims arising from the administration of this medication at school.

Parent/Guardian Signature

Home phone _____

Work phone _____

Cellular Phone _____

Names, times, and dosages of all medications given at home:

SCHOOL HEALTH SERVICES
WAPPINGERS CENTRAL SCHOOL DISTRICT

5420-E.1

OAK GROVE ELEMENTARY SCHOOL

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

Student _____ Grade ____ Room ____ ID# _____

Date: _____ DOB: _____

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 _____