

MEDICATION ORDER FORM FOR SAYVILLE MIDDLE SCHOOL BOSTON TRIP

Student's Name: _____

Medication: _____

Dosage: _____ Frequency: _____

Other directions deemed necessary: _____

Date of order: _____

(Please Print)

Doctor's Name: _____ Telephone: _____

Doctor's Signature: _____

REQUIRED PARENTAL PERMISSION

I, _____, hereby give permission for the nurse to administer the above
named medication as ordered above to my child _____ as ordered.

Parent or Legal Guardian's Signature: _____