

Millbrook Central Schools District
P.O. Box AA
Millbrook, NY 12545

PARENT PERMISSION FOR IN-SCHOOL MEDICATIONS

PLEASE GIVE MEDICATION AS PRESCRIBED BY PHYSICIAN TO:

STUDENT _____

MEDICATION _____

GRADE _____

DATE _____

THIS PERMISSION FORM MUST BE ACCOMPANIED BY A DOCTOR'S ORDER.

THE MEDICATION MUST BE BROUGHT TO SCHOOL BY A RESPONSIBLE ADULT IN ITS ORIGINAL CONTAINER WITH THE CORRECT PHARMACY LABEL.

I hereby request and give my permission for the school nurse or her designee to administer the medication prescribed for my child.

SIGNATURE OF PARENT OR GUARDIAN

Telephone number – Home and / or work