



HUNTERDON PREPARATORY SCHOOL

11 SPENCER LANE

ANNANDALE, NJ 08801

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Parent's Request for Giving Medications on a School Trip 2018-2019

I hereby authorize school staff members to supervise _____
(Student Name)

to self-administer the following medications:

_____ Dosage _____ Time _____
(Name of Medication)

_____ Dosage _____ Time _____
(Name of Medication)

_____ Dosage _____ Time _____
(Name of Medication)

_____ Dosage _____ Time _____
(Name of Medication)

I understand that the medication **must** be delivered to the school nurse, principal, and/or designee **AT LEAST THREE DAYS PRIOR TO THE EVENT**. It must be in a pharmacy container labeled with the name of the student and physician, the name of the medicine, dosage, and times to be taken.

We, the parent/guardian, authorize the school to assist our child in taking oral medication and agree that we will **not** hold liable any member of the school staff or an individual of official capacity who is directed by us (the parent/guardian) and the school administrator to assist our child in taking said medications.

_____ Date: _____
(Signature – Guardian/Adult Student)