



WEST SENECA CENTRAL SCHOOL DISTRICT

Administrative Offices • 1397 Orchard Park Road • West Seneca, New York 14224-4098
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Mark J. Crawford, Ed.D.
Superintendent of Schools

Brian S. Graham
Assistant Superintendent -
Pupil Services

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION DURING A FIELD TRIP

Student Name: _____ Date of Birth: _____

Address: _____

To be administered on field trip: _____ Dates: _____

PART I - PHYSICIAN'S STATEMENT:

1. Name/amount to be given: _____
2. Dosage/amount to be given: _____
3. Frequency/times to be administered: _____
4. Duration: (day(s), week, month) _____
5. Anticipated reaction to medication: _____
6. Allergies: _____

_____ Physician's Signature	_____ Date Signed
_____ Address	_____ Phone Number

PART II - PARENT/PERSON IN PARENTAL RELATION REQUEST/APPROVAL

I hereby request and give my permission for the above named school to administer the medication prescribed on this form to my child, while participating on the above mentioned field trip.

_____ Parent/Guardian Signature	_____ Date Signed
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PART III - DESIGNATED PERSON(S) ADMINISTERING MEDICATION

I have agreed to administer the medication as requested by the parent/person in parental relation and in accordance with directions listed above by the physician.

_____ Signature of Person(s) Administering Medication	_____ Date Signed
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NOTE: Medication must be in the original prescription container. Parent/adult must bring the medication to school on the day of the field trip departure and pick up on the day of return.