

HULL PUBLIC SCHOOLS DELEGATION OF PRESCRIPTION MEDICATIONS

My son/daughter _____ will be going on a field trip
to _____ on _____.

The responsibility for administering his/her prescriptive medication has been delegated to
_____.

Parent Signature

Date

School Nurse Signature

Responsible Person

Medicine: _____

Dosage: _____

Time for medication: _____

All medication must be in its original Rx container with the child's name on it.

Last Adoption: November, 2009

First reading: September 18, 2017

Second reading: October 2, 2017

Adoption: October 16 2017

Proposed reconsideration: October 2022

Hull Public Schools