BAND TRIP

WESTFIELD PUBLIC SCHOOLS Westfield, New Jersey

DEPARTMENT OF HEALTH SERVICES

AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

	me	School	
	Last	First	
Physician's Name		Address	Telephone
l request tl authorized	_	isted in taking the med	icine described below at school by
[have dis	scussed ½ days a	and field trip proced	lures with the doctor.
Date	Parent/Guardian	Signature Home No.	Emergency No.
MedicDosagIf med	cation ge dication is to be giv	en daily, at what time?	ribe indications
How sLengt	soon can it be repeath of time this treat		
		NECESSARY ON: ½ NECESSARY ON: F	DAY YESNO TIELD TRIP YESNO