



**BELLMORE – MERRICK
CENTRAL HIGH SCHOOL DISTRICT
JOHN F. KENNEDY HIGH SCHOOL**

**3000 BELLMORE AVENUE, BELLMORE, NEW YORK, 11710 / 516 992-1400
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Administration

Lorraine Poppe
Principal

John DeTommaso
Superintendent of Schools

Eileen Connolly
Jon LaRochester
Gerard J. Owenburg
Assistant Principals

**PARENT AND PRESCRIBER'S AUTHORIZATION FOR
ADMINISTRATION OF MEDICATION ON FIELD TRIPS**

Authorization for Administration of Medication

A. To be completed by the Parent or Guardian:

I request that my child, _____, grade _____
receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by
me in the properly labeled original container from the pharmacy. I understand that the school nurse or other
designated person, in the case of the absence of the school nurse, will administer the medication unless the student is
able to self-administer with Doctor's order.

Signature (Parent or Guardian): _____

Home Tel #: _____ Work Tel #: _____ Date: _____

B. To be completed by the licensed health care prescriber:

I request that my patient, as listed below, receive the following medication:

Name of Student: _____ Date of Birth: _____

Diagnosis: _____

Name of Medication: _____

Prescribed Dosage and Means of Administering: _____

Time to be Taken: _____

Possible Side Effects and Adverse Reactions (if any): _____

Other Recommendations (including PRN or carry/self-administration orders): _____

Name and Title of Licensed Prescriber (print): _____

Doctor's Signature: _____ Doctor's Stamp: _____

Address: _____ Phone: _____