

**HULL PUBLIC SCHOOLS
DELEGATION OF PRESCRIPTION MEDICATIONS**

Will your child need to take medication during this field trip?

If NO, disregard this form.

If YES, please complete this form.

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.

*Original Adoption: November 22, 2004
First reading 2022 revision: September 12, 2022
Second reading: September 26, 2022
Third Reading/Adoption: October 11, 2022
Proposed reconsideration: October 2027*

Hull Public Schools