



Rhinebeck Central School District

P.O. Box 351
Rhinebeck, New York 12572
Telephone: (845) 871-5500

Parent Medication Permission

TO: Bonnie Murphy
Mary Skeen
School Nurses

Student's Name: _____ Grade: _____

I give my consent for my child to be given the following medication _____
while at school.

Time medication needs to be given: _____

Dosage: _____

Physician: _____

Date: _____

Parent's/Guardian's Signature