Parent/Guardian Permission to Assist with Medication to Student on Field Trip

I give permission for __________________________ to go on ____________________________ on ____________________________ (Specify field trip) mission to assist my child with medication. Information about the medication that needs to be taken by ____________________________ (Student's Name) is as follows:

- Name of medication: ____________________________
- Dose (amount to be taken): ____________________________
- Time to be taken: ____________________________
- How it is taken: ____________________________

I understand that I must send the medication in the original container. All of the above information is on the label on the container prepared by the pharmacist as prescribed by ____________________________ (Doctor's Name).

The following are any allergies or health conditions my child has:

________________________

Please contact your school nurse if you have any questions.

________________________

School:

________________________

District:

________________________

Parent/Guardian Signature:

________________________

Date:

________________________

Section B

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