

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

I give permission for \_\_\_\_\_ to go on \_\_\_\_\_  
(Student's Name) (Specify field trip)

on \_\_\_\_\_. I understand a staff member will assist my child with  
(date)

medication. Information about the medication that needs to be taken by \_\_\_\_\_  
(Student's

\_\_\_\_\_ is as follows:  
Name)

Name of medication \_\_\_\_\_

Dose (amount to be taken) \_\_\_\_\_

Time to be taken \_\_\_\_\_

How it is taken \_\_\_\_\_

I understand 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: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Please contact your school nurse \_\_\_\_\_ if you have any questions.

School \_\_\_\_\_ District \_\_\_\_\_