

Odyssey Charter School

Parent/Guardian Permission to Assist With Medication to Student on a Field Trip

****Please understand that if this form is not completed and signed, your child will not be allowed to attend the field trip.***

I give permission for my child, _____ to go on the Field trip to _____ on _____ (date).

I understand a staff member will assist my child with medication that needs to be given while on the trip.

Information about the medication that needs to be taken by my child is:

Name of Medication: _____

Dose (amount to be given): _____

Time to be Taken: _____

How it is to be Taken: _____

-OR-

No medication is needed for this trip. _____
Parent/Guardian Signature

I understand that I must send the medication in the original container. All of the above information must be on the container's label prepared by the pharmacist and prescribed by Dr. _____.

All medications must be sent in to school before the day of the trip.

List any allergies or health problems your child has:

Date

Parent/Guardian Signature

Please contact your child's nurse if you have any questions or concerns.