

Parent/Guardian Permission for Assistance with Medication
on Field Trip or Approved School Activity

I give permission for a trained staff member to assist my child _____
(Student's Name)

with self-administration of his/her medication on _____.
(date)

Information about the medication that needs to be taken by is as follows:

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 _____