

**Parent/Guardian Permission
For Staff to Assist with Field Trip Medication**

I give permission for _____ to go
(Student's Name)

on _____
(Specify field trip)

on _____ . I understand a staff member will be available to *assist* my
(date)
child with the medication(s) listed below.

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

Name of medication: _____

Dose (amount to be taken): _____

Time to be taken: _____

How medication is taken (circle one): Oral/Inhaled/Topical

Medications must be sent in to school in the original labeled container and given to the teacher. Any CONTROLLED MEDICATIONS (i.e. ADHD meds) MUST be BROUGHT to school by a responsible adult prior to the field trip and given to the teacher. THEY ARE NOT PERMITTED TO BE TRANSPORTED BY STUDENTS. Please only send in enough medication needed for the duration of the field trip.

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

(Parent/Guardian Signature)

(Date)

(Phone number where parent can be reached during field trip.)

Please contact the school nurses at 302-234-7210 with any questions.