



**Parent/Guardian Permission for
Assistance with Medications on Field Trip**

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

with self-administration of his/her medication on all field trips for 2020-2021 school year.
Information about the medication that will need to be taken is as follows:

Name of Medication	Dosage (amount to be taken)	Time medication should be taken	How is medication to be taken? (by mouth, injection, please specify)

My Child also has the following health conditions or allergies:

Allergies (List below)	Health Conditions (List below)

Parent/Guardian Signature

Date

For further assistance please contact your child's School Nurse.