

# Overnight Field Trip



## AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Student: \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade: \_\_\_\_\_

Activity student is participating in: \_\_\_\_\_

Date(s) of activity: \_\_\_\_\_

We the parent/guardian/legal custodian and prescriber(doctor) of the above named student, request the medication(s) listed below be given during the above listed activity. The parent/guardian/legal custodian will deliver a sufficient supply of the medication(s) in their **original containers** to the child's teacher. We give the teacher permission to administer the following medication(s) during the above listed trip in the following manner.

Name of Medication	Dose	Time(s) to Give

We the parent/guardian/legal custodian and prescriber(doctor) of the above named student, give permission for the student to carry and self-administer the asthma rescue inhaler requested on the form.  Yes  No

### Signature of Parent/Guardian/Legal Custodian

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

### Signature of Prescriber

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

.....  
 Check here if your child is **not taking any medications at this time**, this also includes over the counter and prescription medications. No medications of any kind should be given during the above listed activity. Only a parent/guardian/legal custodian signature is required below.

### Signature of Parent/Guardian/Legal Custodian

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print name: \_\_\_\_\_