

Parent/Guardian Medication Authorization for Field Trips

I hereby authorize _____ staff to assist with
(School)
medications for my child, _____. I understand that
(Name)
the school nurse or medication assistant will assist with medications “ONLY IF” proper
authorization has been received. I shall provide the necessary authorization for prescription
(signed parent/guardian and prescriber authorization) and/or nonprescription medications (signed
parent authorization). Prescription medications shall be provided in a correctly labeled
prescription bottle container (which includes student’s name, prescriber’s name, name of
medication, strength, dosage, time interval, route, and date of drug’s discontinuation when
applicable). Nonprescription medication, such as Tylenol, will be provided in an original,
unopened, and sealed container of the drug, identifying the medication and the entire
manufacturer’s labeling plus the student’s name (written legibly on the container). **In the event,
your child takes medication at school, we already have the required paperwork and
medication/s.**

Parent/Guardian Signature _____ Date _____

I authorize and recommend self-medication by my child for the following nonprescription
medication(s):

NAME OF MEDICATION	INDICATION	DOSAGE	ROUTE	TIME
1				
2				
3				

I also indemnify and hold harmless the school, the agents of the school, and the Board of
Education against any claims that may arise relating to the self-administration of nonprescription
medication taken by my child upon my signed authorization alone.

Parent/Guardian Signature _____ Date _____

Medication Must Be Transported To and From School By A Responsible Adult