

Permission to Medicate Form
Overnight/Out of State Field Trip

Student Name: _____ Date of Birth: _____

School: _____ Teacher: _____

My daughter/son has the following medical condition(s) which require medications:

Medications to be given must be listed below, must be supplied in their original container and brought to the health clerk 4-7 days prior to the field trip, unless they are self administered (inhalers and/or Epipen only). Medications will be kept with one assigned staff member. The student may carry their inhaler and/or Epipen only (*physician and parent signatures required*).

1. Medication: _____ Dose: _____ Time: _____

2. Medication: _____ Dose: _____ Time: _____

3. Medication: _____ Dose: _____ Time: _____

***MEDICAL PROVIDER Signature:** _____ **Date:** _____

Printed Name: _____ Phone: _____

Provider please check here: (ONLY) if the student has an inhaler or Epipen
 The student **MAY** or **MAY NOT** self administer an inhaler and/or Epipen

PARENT/GUARDIAN Signature: _____ **Date:** _____

Parent please check here:

I give my permission for the assigned staff member to administer the medication I have provided, to my child. I am aware that non-medical personnel will be supervising and administering the requested medications.

The student may self administer (**only**) an inhaler and/or Epipen on the field trip and takes responsibility of using appropriately.

Please contact the School Nurse with any questions or concerns: 303-772-7700
 ext: _____ e-mail: _____@svvsd.org

COPY TO: Nurse Health Clerk **ORIGINAL TO:** Teacher