

CONSENT

I, _____, hereby grant consent to _____,
(Parent Name) (Nurse in fact)

so that he/she can dispense medications as follows to my son/daughter

_____, while on a field trip to _____.
(Child's Name) (Trip Location)

<u>Prescription Medications</u>	<u>Purpose</u>	<u>Dose</u>	<u>Time of Day</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

If a student needs to self-medicate (inhaler, etc.) please submit a signed note naming the medication, dosage, and related diagnosis.