

# 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. _____			

## Over-the-counter Medications

\_\_\_ Tylenol    \_\_\_ Motrin    \_\_\_ Benadryl    \_\_\_ Tums  
\_\_\_ Neosporin    \_\_\_ Hydrocortisone    \_\_\_ Imodium    \_\_\_ Cough Drops  
\_\_\_ Other...please specify:

\_\_\_\_\_  
(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.