

John Dickinson High School

PARENT/GUARDIAN PERMISSION TO ASSIST WITH MEDICATION TO STUDENT ON A FIELD TRIP

I give permission for my child, _____ to go on the field trip to _____ on date _____.

I understand a staff member will assist my child with medication that needs to be given while on the trip.

Information about the medication that needs to be taken by my child is:

No medication needed: _____ (signature)

Name of medication: _____

Dose (amount): _____

Time to be taken: _____

How it is taken (route): _____

I understand that I must send the medication in the original container.

All of the above information must be on the container's label prepared by the pharmacist and prescribed by

Dr. _____.

List any allergies or health problems your child may have:

Date _____

Parent/Guardian Signature _____

Please contact the school nurse, Ms. Donna L. Watson, RN if you have any questions or concerns at 302-992-5504