

**MEDICATION ADMINISTRATION PARENTAL PERMISSION FORM
FOR FIELD TRIPS AND TRANSITION TO WORK DAYS
MEDICATION POLICY**

Dear Parent/Guardian:

Your child receives prescribed, daily medication at school that requires administration from a licensed medical professional. Unfortunately, circumstances may not always permit nursing services to be available on field trips and /or transition to work days.

Please select one of the following options for your child

PLEASE SELECT YOUR CHOICE AND SIGN BELOW

_____ I give permission for my child NOT to receive their daily prescribed medication(s) on field trips or transition to work days when the event conflicts with their scheduled medication administration time. Please complete the section below and return to the school nurse as soon as possible.

_____ I would like my child to receive their prescribed daily medication on field trips and transition to work days and understand that, when and if possible, arrangements will be made for me (the parent) to administer my child's prescribed medication. This will be discussed further with all appropriate staff.

_____ I want my child to receive their prescribed daily medication on transition to work and field trip days. I will provide a written order from their doctor with the adjusted time for each event that the time schedule needs changed. I understand that a new order will be required for each and every time such an event is scheduled. I will send/fax new orders to the school nurse on or before the day of the field trip or scheduled school activity.

PLEASE CHECK WITH YOUR CHILD'S TEACHER AS TO WHEN SUCH ACTIVITIES ARE SCHEDULED.

Student's Name: _____ Room # _____ Teacher _____

Name of Parent/Guardian _____
(please print)

Phone # (s) _____

Parent/Guardian Signature _____ Date _____

If for any reason there's a change in the field trip or work schedule – the nurse will notify the parent.

Thank you and if you should have any questions or concerns, please feel free to contact me.

Beth Kallock RN/BSN - School Nurse
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