

**Field Trip Medication Permission Form**

**2023/2024**

SHS Nurse's Office (914) 721-2550

Fax (914) 721-2443

New York State law mandates that medication of any kind including all over the counter medications such as ibuprofen/acetaminophen requires a permission slip to be signed by BOTH a parent and a physician.

All medication will be carried by a faculty member unless you and your child's primary care physician agree that your child can carry and self-administer the medication. See chart below.

If a faculty member will be supervising, all prescription medication and over the counter medications must be brought into the nurse's office by an adult prior to the trip. Prescription medications must be labeled with the following: child's name, medication and dosage. Doctor's order and prescription bottle must match.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

Medication	Dosage	Times	Reason	<b>A</b> Teacher to supervise self-directed student	<b>B</b> Student may carry and self-administer

**A** - I hereby give a faculty member permission to supervise my child with their medications listed above. My child knows the purpose of, the dose and how and when to administer the medication.

**B** - I hereby acknowledge that my child can carry and self-administer all of their medications listed above.

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_