Dear Parent/Guardian,

If your child will be attending the upcoming overnight field trip to (destination) _____ on (date)_____ and will require medication while on the trip, please note that a **parent or teacher volunteer will be responsible for storing and administering all medicines** while on this field trip. If you agree, please complete the box below:

I give permission for _____ to store and administer
(Name of Volunteer)

medication for my child, _____, while on the above
(Child's Name)

field trip.

_____ _____
(Parent/Guardian Signature) (Date)

Please follow the instructions below when bringing in your child's medication(s):

- Medication must be in **original package/bottle** with prescription information on bottle.
- **Do not** send medication by the child (all medications must be brought by an adult).
- **G**ive medicine directly to the individual named above, along with any pertinent instructions.

If you have any questions, please call your child's teacher.

Respectfully,

School Nurse