

**Parent/Guardian Permission for Assistance with Medication  
On Field Trip or Approved School Activity**

I give permission for trained staff member to assist my child \_\_\_\_\_  
(Student's Name)

with self-administration of his/her medication on Scheduled Field Trips 2025/2026 school year

Information about the medication that needs to be taken by is as follows:

Name of medication \_\_\_\_\_

Dose (amount to be taken) \_\_\_\_\_

Time to be taken \_\_\_\_\_

How it is taken \_\_\_\_\_

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

All of the above information is on the label on the container prepared by the  
Pharmacist as prescribed by

\_\_\_\_\_  
(Doctor's Name)

The following are any allergies or health conditions my child has: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Please contact your school nurse, Kimberly O'Brien, MSN, RN, NCSN at (302) 284-5810 ext. 304 if  
you have any questions.

School Central Elementary District Lake Forest