

# Littleton Public Schools

## FIELD TRIP MEDICATION PERMISSION FORM

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Medication #1:** \_\_\_\_\_ Reason for medication: \_\_\_\_\_

Dosage Prescribed: \_\_\_\_\_ Route: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Medication #2:** \_\_\_\_\_ Reason for medication: \_\_\_\_\_

Dosage Prescribed: \_\_\_\_\_ Route: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I, the undersigned, give permission to the designated person below to administer the prescribed medication(s) listed above to my child while attending school/class field trip on \_\_\_\_\_ (date of field trip).

\_\_\_\_\_  
Parent/Guardian Name

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

\_\_\_\_\_  
Date

### In Case of Emergency:

1. \_\_\_\_\_  
Name Relationship Phone

2. \_\_\_\_\_  
Name Relationship Phone

3. \_\_\_\_\_  
Name Relationship Phone

4. \_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Designated Person (staff)

\_\_\_\_\_  
Signature of Designee

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
School Nurse Initials