



Student Name _____ Grade _____

All parent-provided medications must be documented on this form. These include both prescription and over-the-counter medications. On the day of departure, the student must turn in this form, signed by a parent or legal guardian, and show the medication in its original container to the school nurse ~~who will be attending the trip~~. The student should only bring the amount of medication needed for this trip.

(Cooley)

Parent-provided medications to be sent with the student must include the following: **Name of medication, dosage, time to be taken and frequency (please print).**

Medication	Dosage	Frequency	Times to take

Please list any known medication allergies:

My child may carry and take his/her own parent-provided medications while on this trip: Yes No

School nurse or designated school employee will carry and administer parent-provided medications to my child: Yes No

PLEASE NOTE: If any parent-provided medications are found on the student's person or in their belongings that are NOT listed on this form, the student may be subject to disciplinary action.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Emergency Phone Numbers: Home: _____ Cell: _____