

Field Trip Medication Permission Form

All medications must be provided in the original pharmacy container. Prescription drug labels must include the student's name, name of the drug, strength, dose, the interval between doses, and name of the provider authorizing the medication. Medications must be brought to school by a parent or other adult you deem responsible, and should not be carried in student's backpacks or pockets.

If a child needs medication while on this field trip, medication administration will be assisted by the teacher or designee of the Head of School.

Field Trip to: _____

I request that my child _____ receive the following medication:
(Child's Name)

Drug Name	Dose/Route	Time of day
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Dates and Duration of Medication Treatment: _____

Reason for medication: _____

Other medications my child is taking: _____

I authorize the Crossroads Academy staff or designee of the Head of School to assist my child in taking the above stated medication while on the above stated field trip. I agree that I will not hold liable these members of the Crossroads staff for harm or injury resulting from the administration or assistance in the administration of this medication.

Parent Signature _____ Date _____

Emergency contacts listed on your child's Field Trip Permission form will be available to staff on all field trips. If other emergency contacts are necessary while your child is on this field trip, please list:

(Name) (Phone number)