

**My child has the following allergies/medical conditions the staff needs to be made aware of:**

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**Emergency Medication to be carried by student on the trip**

(Please include Asthma Multi-Dose Inhaler, Epi-Pen, Insulin, Glucose monitoring machine, or any other medication needed).

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

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

**Student on Daily Medication**

**Please indicate below regarding your child's daily medicine dose for the day of the field trip:**

\_\_\_\_\_ My child may self-administer his/her medication on the trip. (Please note that this is only in reference to students who currently have a medication prescription on file in the School Health Office).

\_\_\_\_\_ My child may omit his/her dose for the day of the trip.

\_\_\_\_\_ My child may take the dose when he/she returns to school.

\_\_\_\_\_ I am chaperoning the trip and will administer the medication to my child.

\_\_\_\_\_ I am requesting certified school personal to attend school trip in order to administer my child's medication.

\*\*Please be aware that any medication that is taken on the trip by the student and/or given to the teacher/certified personal must be in its original packaging from the pharmacy with the students name on the prescription.

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

\_\_\_\_\_  
Date