

*THE SCHOOL DISTRICT OF GREENVILLE COUNTY*  
**PARENTAL PERMISSION FOR  
 MEDICATION TO BE GIVEN ON A FIELD TRIP**

This form and the medication must be given directly to the person administering medication on the trip at least one (1) school day before the trip. All medication must be in the original container, clearly labeled with the student's name. Only the amount of medication needed on the trip should be sent. Physician's written authorization is required for all prescription medication.

STUDENT'S NAME: \_\_\_\_\_

DATE(S) OF THE TRIP: \_\_\_\_\_

TIMES OF THE TRIP: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

TEACHER IN CHARGE OF THIS TRIP: \_\_\_\_\_

NAME OF MEDICATION	DOSAGE	TIME TO BE GIVEN

If your child is required by a physician to have this medication on his/her person while on this trip, prior arrangements must be made with the school nurse.

I understand that all medication will be provided by me in the original container, clearly marked with my child's name and given directly to the person in charge of medication administration on this trip. Permission is granted to share this information with other individuals who will have direct responsibility for my child. The first dose will be given at home so that I can monitor adverse reactions.

\_\_\_\_\_  
 SIGNATURE OF PARENT

\_\_\_\_\_  
 DATE

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 FOR TEACHER'S USE - DO NOT WRITE BELOW THIS LINE

NAME OF MEDICATION	DOSAGE	DATE AND TIME GIVEN	INITIALS

\_\_\_\_\_  
 SIGNATURE OF PERSON GIVING MEDICATIONS

\_\_\_\_\_  
 SCHOOL DISTRICT POSITION

\_\_\_\_\_  
 DATE OF TRIP