

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.

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 |
|--------------------|--------|------------------|
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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

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

| NAME OF MEDICATION | DOSAGE | DATE AND TIME GIVEN | INITIALS |
|--------------------|--------|---------------------|----------|
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 SIGNATURE OF PERSON GIVING MEDICATIONS

 SCHOOL DISTRICT POSITION _____
 DATE OF TRIP