

# Cuero Independent School District -Health Services- Medication Authorization for Field Trips

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

I am requesting permission for my child \_\_\_\_\_ to take the following medication(s):

| Medication | Dose | Route | Time to be given | Special Instructions |
|------------|------|-------|------------------|----------------------|
|            |      |       |                  |                      |
|            |      |       |                  |                      |
|            |      |       |                  |                      |
|            |      |       |                  |                      |

**Any prescription or nonprescription medication to be given to the student must:**

- **Be in the original container**
- **Have the correct information on the pharmacy label.**
- **Be the exact dosing required for the student administration.**
- **Be delivered to the school nurse by the parent/guardian at least five school days prior to leaving on the field trip.**

Parents/guardians understand that the school nurse will not be present on the field trip. By signing below, I give permission for the school to delegate medication duties to adult responsible parties chaperoning field trip.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

## OR

I give permission for my child to self-administer the above medication(s) on this trip. If these medications include an inhaler (e.g., albuterol) and/or emergency epinephrine (e.g., EpiPen) for diagnosed life-threatening allergies, I authorize my child to carry this/these medications during the field trip.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

By my above signature, I am releasing any responsibility from the district or its chaperones for any mishandling or misuse of the above medication(s) by my child.