

AUTHORIZATION FOR MEDICATION ON A SCHOOL TRIP (Med Form 5)



This form and the medication must be given directly to the person administering medication on the day of 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 _____ Destination _____

Name of Medication	Dosage	Time to be Given	Possible Side Effects

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

Signature of person giving medications _____ Initials _____