

Authorization For Medication On A School Trip

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 of Birth _____

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.
- I give my permission for the designated BJA staff member to administer this medication according to the parents' instructions.
- I agree not to hold Bob Jones Academy responsible for any adverse reactions or outcomes.

Signature of Parent/Legal Guardian _____ Date _____

Parent/Legal Guardian Printed Name _____ Cell Phone Number _____

FOR TEACHER'S USE—DO NOT WRITE BELOW THIS LINE.

Name of Medication	Dosage	Date and Time Given	Initials

Signature of the person giving medications _____

Initials _____