

Monmouth County Vocational School District

ADMINISTRATION OF MEDICATION ON A FIELD TRIP

Physician Prescription/Parent Permission for Self-Medication on Field Trip Form

School Building: _____ Home HS: _____

Teacher: _____ Grade: _____

Field Trip: _____ Date(s): _____

Student's Name: _____ is to self-medicate _____

_____ (medication), Dosage: _____

at _____ (time), daily _____, or

PRN (as needed) _____.

_____ (Student's name) is capable of, and has been instructed

in the proper method of self-administration of medication for this illness.

Diagnosis: _____

Possible side effects are: _____

Physician's Signature: _____

Be advised that the district shall incur NO liability as a result arising from the self-administration of medication and the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of administration of this medication.

This permission is effective for this field trip and must be renewed for any subsequent field trips.

I give permission for my child to self-medicate on the _____ field trip.

Parent/Guardian signature: _____ Date: _____