

Central Square Central School District



Overnight Field Trip Authorization for Administration of Medication

Please have your child's physician fill out this form prior to the trip. Medication **will not** be administered to your child unless he/she has an order from a licensed physician and a note of direction from a parent/legal guardian. This includes any over the counter medications, such as Tylenol, Motrin, allergy medications and inhalers.

Parent/Guardian Must Complete the Following:

I request that my child _____ receive the medication as prescribed below by our licensed health care provider. I will furnish the medication in the properly labeled original container from the pharmacy. I understand that an adult will supervise my child taking his/her own medication.

Parent/Guardian Name: _____

Address: _____

Contact Number

Cell: _____

Other: _____

Licensed Health Care Prescriber Complete the Following:

Name of Patient: _____

Date of Birth: _____

Name of Medication: _____

Prescribed Dose:
(Route & Frequency) _____

Time to be Taken: _____

Duration of Treatment: _____

Name/Title of Licensed
Prescriber: _____

Prescriber's Name: _____

Prescriber's Signature: _____

Parent Signature: _____

Student Signature: _____

Date: _____