Parent/Guardian Permission to Allow Another Adult to Give Medication To Your Child
To Be Completed by Parent/Guardian to cover **all Field trips** for School Year 2025-2026

Information about the Student

Name _____ Grade _____ Teacher _____

School _____ DOB_____ Date _____

Person(Designee) Chosen by Parent to Give the Medication(s)

Name _____ Relationship _____

Medication(s) to Be Given to the Student by the Designee

Medication Name _____ Dose _____ Time _____

Medication Name _____ Dose_____Time _____

I have included provider order and parent permission form for medications administration during school sponsored events. I permit the designee listed above to administer the Medications(s) listed to my child.
I understand that the School and District will NOT be liable for any problems that may arise as a result of the administration of the listed medication(s) by the designee.

Parent/Guardian Printed Name _____Date_____

Parent/Guardian Signature _____