

JOHNSTON PUBLIC SCHOOLS

Permission to self-carry/self-administer medication on field trip

My child, _____, has permission to self carry and self-administer his/her medication on a field trip to:

_____ on _____.
(location of trip) (date of trip)

ALL of the following criteria must be met prior to the field trip:

1. I have enclosed a written order from my child's licensed health care provider which states my child may self-carry and self-administer this medication.
OR
A written order from my child's licensed health care provider which states my child may self-carry and self-administer his/her medication is on file at the school.
2. I have sent a ONE DAY supply of the medication in an original labeled container (or labeled blister pack) with my child.
3. I understand that NO teacher, teacher-aide, or parent chaperone will assume responsibility for administering medication to my child.
4. I have discussed with my child that he/she is prohibited from sharing, transferring or otherwise diverting his/her medication to any other person.

(Signature of Parent/Guardian)

(Date)