

**Hingham Public Schools
Medication Self-Administration for Day Field Trips**

Date _____

Your child will be going to _____

on _____ . Please complete and review the information below.
(date(s) of field trip)

Parental Permission for Medication Self-Administration

Student _____ YOG _____

Allergies (*medication, food, insects, environment, etc*): _____

Is your child on any medication which needs to be administered during this field trip such as inhalers, prescription drugs, Epi-pens? YES NO

*Please sign and return this form to the teacher even if your child does not require medication during this field trip.

Medication _____ Dose _____ Time: _____

Medication _____ Dose _____ Time: _____

I, _____, give permission for my child, _____,
(parent/guardian) (name of child)

to self-administer medication while on a field trip.

I understand that the medication will be transported in a prescription marked container by (check one): student chaperone

Only one dose of the medication will be in the container, to be sent in with the student on the day of the field trip.

The teacher/chaperone selected to transport your child's medication (if applicable) will be: _____.

Please do not hesitate to call the nurse with any questions.

Parental/Guardian Signature _____ **Date** _____