

Hingham Public Schools
Medication Self-Administration for Overnight/International Field Trips

Date _____

Your child will be going to _____

on _____ 20____. Please complete and review the information below.

Parental Permission for Medication Self-Administration

Student _____ YOG _____

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

Emergency Contact: Name #1 _____ Phone: _____
 Name #2 _____ Phone: _____

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

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

If yes, please complete the information below.

Medication _____	Dose _____	Time: _____
Medication _____	Dose _____	Time: _____
Medication _____	Dose _____	Time: _____
Medication _____	Dose _____	Time: _____

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

to self-administer medication while on an overnight/international field trip.

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

Please provide only the amount of medication needed during the field trip.

Parental/Guardian Signature _____ Date _____