

Dear Parents / Guardians:

In order to administer required medications to your child during a field trip, it is essential to have your written approval. Therefore, I would appreciate it if you would complete and return the form below, before the indicated field trip date.

Thank you for your cooperation in this very important matter.

Sincerely,

Laura Riddick, RN  
School Nurse

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**FIELD TRIP MEDICATION RELEASE**

Child's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Field Trip To: \_\_\_\_\_

Date(s): \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dosage/Administering Instructions: \_\_\_\_\_

\_\_\_\_\_  
I hereby give my permission to have a teacher administer the above named medication, following the instruction I have outlined, to my child during this field trip. I further understand that the teacher will have the right to take the medications with him/her on the trip.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

121 Lincoln Place \* Liberty, NY 12754

Nurse (845) 292-7429 \* Office (845) 292-7270 \* Fax (845) 292-2891

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## **St. Peter's Regional School**

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