

West Irondequoit Central School District

Parent Authorization for Administration of Medication at Field Trip by Designated Adult

Student Name _____ School _____

Date of Birth _____ Grade _____

To be completed by parent or guardian:

- A. I request that my child receive the medication (s) listed below during a school Field Trip.

Medication _____

Medication _____

Medication _____

- B. I designate and authorize the following adult family member or friend to administer the medication to my child during a school Field Trip.

Name of Designee _____

Relationship _____

- C. Field Trip Information

Location of Field Trip _____

Date of Field Trip _____

- D. Parent/Guardian Authorization

Signature _____

Print _____

Date _____