



VIRGINIA BEACH CITY PUBLIC SCHOOLS

A H E A D O F T H E C U R V E

Field Trip Medication Permission Form

My child _____ takes _____
(name) (medication and dosage)

at _____. I request that my child's teacher administer this medication
(time)

during field trips for the 2007/2008 school year.

Parent Signature

Date

Your child's medication will be given to the teacher prior to the trip. The medication will be labeled with the child's name, the name of the medication, the time it should be given, and any special directions. Please be sure that you have informed the school if any changes have recently occurred with regard to your child's medication or its administration.

Field trip dates:

Medication Administered by:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

(Revised 8/07)