

**St. Gregory the Great School**

**Field Trip Permission Form**

**2020-2021**

**Grade** \_\_\_\_\_

**Room** \_\_\_\_\_

Student Name \_\_\_\_\_

Medication \_\_\_\_\_

\_\_\_\_\_ Yes, permission is granted for the teacher or adult chaperone to administer my child's medication during the field trip.

\_\_\_\_\_ No, my child does not need medication during the field trip.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you answered yes, your child's medication will be given to the teacher prior to each field trip during this school year.** 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 clinic of any changes that have occurred with regard to your child's medication or administration.**