

## MEDICAL RELEASE/MEDICATION PERMISSION

I give permission for my son/daughter/ward, \_\_\_\_\_, to receive medical attention if necessary, at the nearest hospital or medical facility while on their field trip.

ALLERGIES: \_\_\_\_\_

OTHER IMPORTANT HEALTH HX: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

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My son/daughter/ward, \_\_\_\_\_, takes medication(s). Yes/No  
(Name)

If yes: What Medication(s)	Time Given	Dosage

Medications need to be stored in an appropriate container, should be labeled with child's name and have directions for use clearly shown.

Medications include all prescribed and/or over-the-counter medications (ie., for allergies, aspirin, Tylenol, Advil, etc.)

I give permission for the BOCES teacher to give my son/daughter/ward his/her medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_