

# Warren Local Bands

## FIELD TRIP Medication Permission For Epi-pen/Inhaler

Emergency Use Only

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

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Medication \_\_\_\_\_

I am requesting that my child be able to carry and self-administer the above names emergency medication, prescribed by student's physician during school hours, on any field trip this school year. I acknowledge my child to be responsible enough for this task.

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

I, the physician of the above named student, request that the student, being responsible enough to carry and self-administer the above named medication on any field trip this school year.

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*

This form is due 8/1/08 if your student uses an Epi-pen/Inhaler