

**©Putnam City Schools  
School Day Field Trip**

To Principal of \_\_\_\_\_: \_\_\_\_\_ has my permission to  
(School) (Student's name)  
attend \_\_\_\_\_ with \_\_\_\_\_  
(Name of Activity) (class/teacher's name)  
on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(day and date) (time) (time)

My child has a health/medical condition- yes \_\_\_\_\_ no \_\_\_\_\_. If you answered no, read the paragraph at the bottom of this page, complete and sign. If you answered yes, describe the problem/condition:

My child needs to take medication while on this field trip for the condition(s) listed above- yes \_\_\_\_\_ no \_\_\_\_\_.

Name of medication(s): \_\_\_\_\_ Time to be given \_\_\_\_\_

**If this is a new medication that is not currently being given or kept at school, I understand that this medication must be checked in through the school nurse/health aide the day before the field trip and all necessary school medication forms signed and completed.** School personnel will not be allowed to administer any medications which do not have a pharmacy label and signed permission slip on file with the school nurse.

**Complete the rest of this form if the conditions apply to your child's medical problem/condition.**

My child is allergic to \_\_\_\_\_

I will send an epi-pen and an allergy action plan to be carried by school personnel. (This must be sent the day **before** the field trip.) yes \_\_\_\_\_ no \_\_\_\_\_  
\_\_\_\_\_ Please take my child's epi-pen and a copy of the allergy action plan from the school clinic.

My child has asthma- yes \_\_\_\_\_ no \_\_\_\_\_  
\_\_\_\_\_ Please take the pharmacy labeled inhaler I have provided from the school clinic. Give as directed on label of inhaler or on inhaler box.

\_\_\_\_\_ I will send with my child a **labeled** inhaler to be carried by school personnel. Give as directed on label of inhaler or on inhaler box. **"Parent Consent Form for Student Medications" (PCHS #29) must be on file in the school clinic before this can be done.**

\_\_\_\_\_ My child has a Dr.'s note (in the school clinic) or a completed "Self-Administration of Medication by Student" (PCHS #40 form) to carry his inhaler at all times and may self administer.

My child is a diabetic; the correction factor is \_\_\_\_\_  
The number of carbohydrates in my child's lunch is \_\_\_\_\_

**PERMISSION**

You have my permission to assist/supervise my child in taking the medications listed above. I understand that a designated school employee may carry and give my child's medication. In the event of an emergency or serious illness, I request that you contact me. **In case of questions or concerns during field trip hours, I may be reached by phone at the number(s) listed below.** If you cannot reach me, you have my permission to obtain any emergency care necessary to ensure my child's well being while on the field trip.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian PRINTED name

\_\_\_\_\_  
phone number(s)