

Marshfield Music Department

School: Marshfield High School

Group: Marshfield Music Department

Date(s) of Trip: 4/16/09-4/19/09

Destination: New York City

Dear Parents,

Please list all medication that your child takes and indicate the dose and the directions (how often does your child require the medication). All medication will be held and administered by our field trip nurse; (authorized personnel). Please sign below, indicating that you authorize the nurse to dispense medication.

Thank you,
MHS Music

*******Dispensing Of Medication-Authorization Form *******

While on this field trip, I give permission for the nurse to give my child the necessary medication listed below.

Name of Medication	Dose/Strength	Directions
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

I give permission for my child to self administer own medication (if nurse determines it safe/appropriate) Yes____ No____

Student Name (Printed) Parent Signature Date

Phone Number(s) I can be reached at (h) _____ (w) _____ (c) _____