

FORM 2



Cheshire Public Schools
Cheshire Connecticut 06410

Extended Overnight Field Trip Permission Slip for Over the Counter Medications

The Cheshire Board of Education requires a permission slip signed by a Physician, Physician Assistant or Advanced Practice Nurse, and Parent/Guardian for authorization to administer "Over the Counter" (OTC) Medication. This form will allow teachers to administer (OTC) Medications if the student is not feeling well.

Name of Student: _____ Date: _____
Address: _____ Phone #: _____
Weight: _____ Allergies: _____

List of Over the Counter Medications

	Name of Medication	Dose	Route	Frequency	Time	Side Effects to be Observed	Physician's Signature
Allergy Medication							
Cold Medication							
Fluoride							
Pain Medication (Tylenol, Advil, etc.)							
Digestive Medication							
Antacid Tablets							
Vitamins							
Other							

Please note that the Parent/Guardian must provide the OTC Medication in its original container and the Physician and Parent/Guardian must sign it for approval. Also, please indicate if medication could be self-administered by that student.

My child may self-administer the following medication(s): _____

(Parent signature)

Instructions for Parents: Please complete all appropriate areas (above) before you give this form to the Physician to sign.

I give permission for above personnel to administer medication to my child.

Parent/Guardian Signature

Date