

STUDENT NAME: \_\_\_\_\_

### Parental/Guardian Authorization

I have read the Diocese of Charlotte Medication Regulations on Medication Administration in the school setting that I was provided under separate cover. I am requesting that the medications listed below be administered as I have indicated. I hereby give my permission for my child (named above) to receive these medications during this field trip. On behalf of my child, I absolve the Diocese of Charlotte, their agents and employees from any liability whatsoever that may result from my child taking this medication.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEDICATION	DOSAGE AND ROUTE	TIMES	Date, Time, and Initials of Person Administering Medication

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medications prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher responsible for administration: \_\_\_\_\_