

Enter Student's Name Below

**Clear Creek Independent School District
Field Trip Medication Permission**

Dear Parent or Guardian,

Your child's class will participate in a field trip that will last beyond the regular time for your child's daily scheduled medication. Since the school nurse will not be available to give medicines during the field trip, the principal will assign that task to another CCISD employee. Please indicate your preference for your child's medicine by selecting one of the following:

- My child's medication may be omitted on the day of the field trip.
- My child's medication may be delayed until he/she returns to school after the field trip.
- I give permission for my child to receive medicine from the person designated by the principal. I will provide a single dose of medicine in the properly labeled prescription container to be taken on the field trip.

Student's Name _____ has permission to take
_____ (name of medicine and dose)
during the field trip on Any Orchestra Field Trip (date).

Signature of parent/guardian

Telephone number

Date

This does not apply to my child.
No medication needed.

Enter Student's Name Below