



STEPHEN F. AUSTIN HIGH SCHOOL

ORCHESTRA

Dear Parents / Guardians, Please fill out **ALL** sections below. **You must sign below.**
PARENTAL PERMIT TO ADMINISTER MEDICATION ON SCHOOL TRIP

PART I:

We will have a first aid kit available with Advil and Tylenol available for headaches, pain or fever.

I (parent/guardian – print name) _____,
consent to my child (print name) _____

receiving the following for pain or fever (**you must check one**):

Advil ____ **Tylenol** ____ **I refuse consent:** ____

PART II:

If your child takes medicine on a regular basis, his/her medicines will be administered by _____ at their usual times while on our trip. I will send medications to school in a sealed plastic bag, in the original containers and with this signed permission slip. ____ **Does not apply**

PART III - Other Medications:

Student Name _____ ____ **Does not apply**

Name of medication: _____

Time(s) to be given: _____ Dosage: _____

Reason for medication: _____

Second medication:

Name of medication: _____

Time(s) to be given: _____ Dosage: _____

Reason for medication: _____

Please complete another form for any additional medications.

Parent/Guardian signature: _____ Date: _____