

**8th Grade Washington DC Trip
Medical Permission Slip**

Dear Parent or Guardian:

Please have your physician complete and sign this form for each medication your child will require while attending the SBMS 8th Grade Washington, DC overnight trip, including over the counter products. Parental signature is also required at the bottom of this form.

All medications should be in the original container with the label intact. Each should include your child's full name, name of medication and proper dosage.

All medications must be given to the school nurse by Monday, April 11, 2016.

Thank you for your cooperation.

**Mr. Schmid and Mr. Scaturro
8th Grade Advisors**

Name of Medication: _____

Reason for giving Medication _____

Dosage: _____ **Time to be given:** _____

Name of Medication: _____

Reason for giving Medication _____

Dosage: _____ **Time to be given:** _____

Name of Medication: _____

Reason for giving Medication _____

Dosage: _____ **Time to be given:** _____

Physician Signature/Stamp _____ **Date** _____

You have permission to give: _____

(Student's name)

his/her medication while attending the 8th Grade Washington DC trip.

Signature of Parent/Guardian _____ **Date** _____