



## Off-Campus Medication Permission

If your student will be bringing medication, please complete **Section 1, and Section 2**. If your student will be allowed to take over-the-counter medication provided by school personnel, please complete **Section 3**. If your student will not be allowed to take over-the-counter medication, please complete **Section 4**.

**Student Name:** \_\_\_\_\_

**Teacher/Grade:** \_\_\_\_\_

### **Section 1**

Medication:

\_\_\_\_\_

When to take:

\_\_\_\_\_

Dosage:

\_\_\_\_\_

Special instructions:

\_\_\_\_\_

Reason for medication:

\_\_\_\_\_

- Prescription medication must be in original container and properly labeled with the name of the medication, name of the student, dosage, and times to be given. Medication must be picked up at the end of the trip. **(All over the counter medications must be children's for Elementary Students, no Adult medication (over the age of 12 yrs) will be given without a Doctor's prescription)**
- I will not hold liable NBCA or its employees for any adverse reaction, allergic reaction, or side effects my child could have due to taking this medication.
- I give my permission for the school personnel to give medication to my child at the necessary time.

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

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### **Section 2 – To be signed by the student.**

I will NOT share my medication with anyone at any time for any reason.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Section 3**

I give my permission for the school personnel to give my child the following over-the-counter medicine if necessary while on this trip. Please INITIAL *each item separately* to indicate your permission.

\_\_\_\_\_ Acetaminophen (generic for Tylenol)

\_\_\_\_\_ Ibuprofen (generic for Advil)

\_\_\_\_\_ Benadryl

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

Date: \_\_\_\_\_

**Section 4**

\_\_\_\_\_ Do NOT give my child any over-the-counter medications.

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

Date: \_\_\_\_\_