



North Thurston Public Schools
 305 College Street NE
 Lacey, Washington 98516-5390
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Student and Staff Support Services
 Phone: (360) 412-4466
 Fax: (360) 412-4555

MEDICATION ON OVERNIGHT FIELD TRIP

Student Name: _____ School: _____

Field Trip Date: _____ Teacher: _____

Dear Parents and Guardians:

As you prepare your students for their coming field trip, please review the information on the back of this letter **“Very Important Information About Medication at School.”** These rules apply to all school trips.

Any medication, whether prescription or over-the-counter, that your child will need to bring on the field trip *must be brought to the Health Room accompanied by an “Authorization to Administer Medication at School” form*, which has been signed by you and your licensed health professional. You may have your health care provider fax the authorization to us. If you choose this option, please stop by the Health Room to sign the form. If your child has medication at school, the authorization form on file can be used provided that the time and dose for administration of the medication is the same.

Please acknowledge receipt of this letter by signing below and returning to the Health Room as soon as possible. If you have questions or concerns, please leave a message for me at the Health Room and I will get back to you as quickly as my schedule allows.

Please return form by: _____. Thank you for your cooperation.

 School Nurse _____
 Date

 Health Room Phone _____
 Fax

PLEASE CHECK ONE:

- I have read the above information and my child will not bring prescription or non-prescription medication on this field trip.
- I have read the above information and I will bring my child’s medication, together with a signed authorization form, to the Health Room before the date indicated above.
- My child already has authorization forms and medication at the school. Please use what is currently available in the Health Room.
- I will be chaperoning the trip and will administer any medication for my child.

 Parent/Guardian Signature _____
 Phone _____
 Date