

Student's Name _____
Medication _____
Date _____ Grade _____

Dear Parent/Guardian;

You have informed Trinity Academy your child has a severe allergy/medical condition that may require medication, specifically defined here and limited to EpiPen, Twinject, Asthma Inhaler & Insulin. **It is necessary that you accompany your child on the class trip/activity scheduled for _____.** *This is necessary even if food is not being served on the class trip.* This is school policy. You may send another responsible person to carry and if necessary administer your child's medication. This form must be completed and returned to the School Nurse by _____ for review. **The teacher can not be designated as your child's responsible person to carry and administer medication.**

Thank you for your anticipated cooperation and understanding to this serious matter.

Sincerely,
Annamae Curran RN
Margaret Sherman RN

PLEASE SIGN AND RETURN TO NURSE'S OFFICE PROMPTLY.

1. I will attend the class trip with my child.

Parent's Signature _____ **Date** _____

2. I designate and authorize _____ to carry and administer the medication as I have instructed and as prescribed by the Physician.

Parent's Signature _____ **Date** _____

I accept responsibility to carry and assess the need to administer medication for _____ (child's name) as I have been instructed by the Parent and prescribed by the Physician.

Signature of person authorized by parent to administer medication _____ **Date** _____

3. My child will carry their own medication as per the Authorization to Self Administer Medication signed by the Physician and the Parent which is on file in the RN Office. I will provide my child with the up to date medication in a safe carrying case for the class trip.

Parent's Signature _____ **Date** _____

4. My child will not attend the class trip.

Parent's Signature _____ **Date** _____