

Chenango Forks Field Trip Form for

Parent/Guardian Authorization of Another Adult for Administration of Medication

Dear Parent/Guardian,

If your child receives a medication, including an inhaler during the school day, please complete the form below giving the classroom teacher or a CF trained employee permission to administer your child's medication.

Please note: Your child must be self-directed when taking their medication, meaning they are able to ask for and identify the medication they are taking or inhaler they use. If they are unable to do so, a parent or guardian must attend the field trip with their child. If you have any questions about this, please contact your child's school nurse.

To be completed by parent/guardian:

I authorize my **child's classroom teacher or a Chenango Forks trained employee**, who is a person in accordance with Education Law §6908 to administer the following medication(s):

to my child _____, (student name)

at the following school sponsored event : _____(name and date of event)

I acknowledge that **Chenango Forks Central School District** will not be liable for any problems that may arise as a result of the administration of such medication by the designee.

Parent/guardian signature: _____ Date _____

Print Name _____