

School Trip Medication Authorization Form

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, knowing that I am unable to do so during the school day or in the event of a medical emergency, I hereby authorize Grandville Calvin Christian School and its employees and agents to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of Grandville Calvin Christian School) lawfully prescribed medication while on a school trip.

STUDENT _____

Teacher/staff member to administer _____

Parents _____

Phone: Cell _____ Home _____

Work _____

NAME OF MEDICATION _____

Number of milligrams per dose _____

Time(s) of the day to be administered _____

Parent Signature _____

Date _____