

MONTICELLO CENTRAL SCHOOL DISTRICT

SELF-DIRECTED STUDENT RELEASE FORM FOR FIELD TRIPS

STUDENT NAME: _____

Dear Parents/Guardians:

In order for students to receive medication on field trips, it is essential to have your written approval.

If you believe your child is self-directed in the medication process, please sign the form below.

Self-directed means that your child can:

- Identify the correct medication (such as color, shape, etc.)
- Identify the purpose of the medication (such as improving attention)
- Determine the correct dosage is being administered (such as “one pill”)
- Describe what will happen if the medication is not taken (such as, unable to complete school work)
- Refuse to take medication, if the student has any concerns about its appropriateness.

The chaperone will hold the medication in a properly labeled pharmacy bottle while on class trips. At the appropriate time, your child will be given the bottle containing the one dose and he/she will take the medication as prescribed. Please be sure to send in an extra empty medication bottle with a proper label so that we can use this as needed for class trips.

Thank you for your input. Please call the Nurse’s office with any questions.

Your signature below indicates your approval for your child to be self-directing and able to follow the procedure listed above while on class trips.

Parent/Guardian Signature

Date

School Nurse/Teacher Signature

Date