

Boston Public Schools  
Parent/Guardian Authorization for Field Trip  
Medication Administration

Dennis Haley Pilot School  
570 American Legion Highway  
Roslindale, MA 02131

School Nurse: K. Donovan RN

School Phone: (617)635-8169

**Student Name:** \_\_\_\_\_

Parent or Guardian Name (printed): \_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Emergency: \_\_\_\_\_

Other person(s) to be notified in case of medication emergency:

Name: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Emergency: \_\_\_\_\_

My son/daughter is currently receiving the following medications (to be completed if not in violation of confidentiality;

\_\_\_\_\_

My son/daughter has the following food or drug allergies:

\_\_\_\_\_

I give permission to have the school nurse or school personnel, designated and trained by the school nurse, to administer medication to my child while on a field trip. (If you agree to this option a plan will be developed to train the designated medication administrator in the correct way to give medication and to identify any side effects.)

Parent or Guardian signature: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Nurse Signature: \_\_\_\_\_