CORNERSTONE
CHRISTIAN ACADEMY

Overnight Field Trip Medication Permission Slip

(Please bring medication & form the day of the trip and give to your Chaperone)

Student's name:_____

Birthdate: _____ **Grade:** _____

Medication Name:_____

Medication Dose: _____ **Circle One:** Scheduled As needed

Time of day/how often to administer:_____

Medication Name:_____

Medication Dose: _____ **Circle One:** Scheduled As needed

Time of day/how often to administer:_____

Medication Name:_____

Medication Dose: _____ **Circle One:** Scheduled As needed

Time of day/how often to administer:_____

- Medication must be in an original container with medication name clearly written. Loose medication in a zip lock baggie will not be accepted.
- Please remember Albuterol inhalers and EpiPens **MUST** be self-carried throughout the duration of the trip for immediate use. This is not to be stored with as needed medications.
- By signing this form I agree to allow Cornerstone Christian Academy staff and/or chaperones permission to administer the medications above to my child while on their overnight field trip and release them from any and all liability related to their proper administration.

Parent/Guardian Name:_____

Telephone: _____ **Email:**_____

Signature:_____ **Date:** _____