

Administration of medication on Field Trip
Designated Non-Employee Adult

Student's Name _____ Date ___/___/___

Teacher Ms. Ali Carraher, Director, "Pirate" Marching Band

Field Trip: Band Camp-YMCA Fairview Lake, Newton, NJ

Trip Date: 27 August-1 September 2011

"I give Band Camp Chaperone(s)* permission to administer medication** to my child during the above-listed field trip. I will provide the medication, along with instructions, listed below. I relieve the WW-P Board and its employees of any liability for the benefits or consequences arising from the administration of said medication by my designee during the trip."

X _____
(Parent/Guardian Signature)

Note to Parents/Guardians: prescription and non/prescription medications, such as Tylenol, Motrin, etc., must be turned in on Saturday morning at luggage check. Medication can be placed in a zip-lock bag, clearly marked with the name of your child.

*Band Camp Chaperone(s): PMB parents attending camp, to be determined.

**List Medication(s) and

Instructions: _____

