



**DEPARTMENT OF HEALTH SERVICES  
FIELD TRIP MEDICATION PERMISSION SLIP**

I give permission to \_\_\_\_\_

to give my son/daughter \_\_\_\_\_

his/her prescribed medication \_\_\_\_\_

(name of drug)

on \_\_\_\_\_

date and time

Emergency contact number: \_\_\_\_\_ Signed: \_\_\_\_\_

parent/guardian

Date: \_\_\_\_\_

*\*This permission is granted for this day **only**.*