



# NOBLESVILLE SCHOOLS

## MEDICATION PERMISSION FORM: OVERNIGHT OR EXTENDED FIELD TRIP

Date of event \_\_\_\_\_ Description of event \_\_\_\_\_

**The parent must deliver all medications to appropriate school personnel by \_\_\_\_\_**

Name of student \_\_\_\_\_

Date of birth \_\_\_\_\_ Weight \_\_\_\_\_ Grade or Team \_\_\_\_\_

For parent-provided prescribed medication, complete and initial ONE of the following:

\_\_\_\_\_ I verify that the labeled prescription bottle I provide to Noblesville Schools for my child is correct per the medical provider's orders.

\_\_\_\_\_ As a chaperone, I will administer my child's medications during the field trip.

Provide or bring only the quantity of medication that is necessary for the duration of the field trip. Medications must be in their original, labeled containers.

Medication	Dosage	Time (if daily)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Parent Signature Date

Noblesville Schools is bound by Indiana law to follow certain regulations regarding medications:

- Prescription medication, ordered by a medication provider, must be in the original container.
- Over-the-counter medication must be in the original container, and the student's name must be clearly written on the container.

**All medications must be delivered to appropriate school personnel by the deadline stated above.**