



Mohave District Annex
8500 E. Jack Rabbit Rd.
Scottsdale, Arizona
85250

Student Services
Telephone: 480-484-6113
FAX: 480-484-5106
Web site: www.susd.org

Parent Request for Administration of Medicine on School/District Field Trips

I request that the Teacher or other Principal's designee see that my child

_____ receives medication as directed below
from _____ (date) until _____ (date).

Check below:

- This medication is furnished by me, it is prescription, and it is in its original bottle. It is labeled with the pharmacy label that includes my child's name, Prescribing physician's name, prescription number, name of medication, dosage, and number of times a day to be administered.
- This is an over-the counter medication in its original container. The date, time(s) and the amount to be given are entered below. I have labeled the bottle with my child's name.
- I will be attending the field trip and will be responsible for administering medication to my child.
- My child will not need any medication.

List below any medications to be given by teacher or by parent:

Medication name	Dosage	Time	Route
1.			
2.			
3.			
4.			
5.			

I understand that all medications must be brought to and kept by the Teacher. The School District will not be responsible for any reactions to medications given according to the above directions.

Parent's Signature _____ Date _____

For School Use Only			
Medication name	Dosage	Time	Administered by
1.			
2.			
3.			
4.			
5.			