

150 Corlaer Avenue
Schenectady, NY 12304



518-370-0366
Fax: 518-370-1514

Dear Parent/Guardian,

Your child is scheduled to go on a field trip to:

_____ on _____
place *date*

If your child needs to take medication on this trip, the NYS Education Department requires that we have a written doctor's order and parental permission for all prescription and over-the-counter preparations. All medication must be delivered to school by the parent/guardian in its original, properly-labeled container from the pharmacy. Please contact the Brown School health office at 370-0366 if you have any questions or concerns.

To be completed by the parent:

I _____ give permission for my child _____,
parent/guardian *student's name*
who is self-directed, to receive the medication listed below while on the field trip. I understand that a nurse may not be available to monitor my child taking his/her medication and I give permission for a teacher who is chaperoning to do so.

Parent/Guardian Signature: _____ date: _____

To be completed by the physician:

| | |
|------------|------------|
| Medication | Medication |
| Dose | Dose |
| Time | Time |
| Medication | Medication |
| Dose | Dose |
| Time | Time |

Physician Signature: _____ date: _____

