

MARLBORO CENTRAL SCHOOL DISTRICT

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TO: Parent/Guardian of _____

FROM:

SUBJECT: Field Trip to _____
on _____

Your child's class will be going on a field trip as stated above. Because your child has medication in school, special arrangements need to be made to provide for your child's health-related needs on this field trip.

The State Education Department Guidelines recommend that one of the following actions be taken. Please indicate below which plan you want us to put into effect for your child on this trip. Please call if you have any questions. Thank you.

- _____ I will be attending the field trip and will administer medication that may be needed.
- _____ I am designating _____ (friend, relative) to attend the field trip and to administer the medication that may be needed. (Please call the teacher if you would like to know which parents are chaperoning the trip.)
- _____ My child is self-directed (knows how to take his/her medication and when it is needed.) School personnel can carry the medication and allow my child to take the medication needed. **Medical authorization must be on file and signed by a duly licensed physician.**
- _____ My child can carry his/her medication and self-administer it as needed. **(Call the nurse for the necessary form that must be completed by your child's physician, if this applies.)**
- _____ Medication does not need to be given on this field trip. **(A doctor's order is needed to withhold the medication.)**
- _____ My child will not be attending the field trip.
- _____ None of the above applies. (Please call the nurse.)

A RESPONSE IS NEEDED BY:

Signature of Parent/Guardian