



Global Learning Charter Public School

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Field Trip Medical Consent Form *To Be Completed by Parent or Guardian*

Student Name: _____ Male / Female

Birth date: _____ Grade: _____

Parent/Guardian Name: _____ Home Phone #: _____

Emergency Phone #: _____ Work Phone #: _____

Diagnosis: _____ Known Allergies: _____

1. I request and give permission to the assigned teacher/chaperone to give my son/daughter:

Medication: _____ Dosage: _____

My child's medication may be held (not given) on the day of the field trip. ____ Yes ____ No

2. I give permission for my son/daughter to self-administer their inhaler if determined it to be safe and appropriate. ____ Yes ____ No

3. I give permission for my child's teacher/chaperone to administer the above medication on a field trip. ____ Yes ____ No

4. I understand that in the event of a field trip, this medication administration plan may need to be altered. It is my responsibility to call the school nurse prior to a field trip to discuss the plan for administering this medication.

5. I give the school nurse permission to share with appropriate school personnel information related to the prescribed medication as he/she determines necessary for the health and safety of my child.
____ Yes ____ No

I understand that medications will be held by the teacher/chaperone on a field trip.

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____