Lincoln Street School
25 Lincoln Street
Exeter, New Hampshire 03833
Telephone (603) 775-8860
Fax (603) 775-8968
www.sau16.org

Mary P. Manin, RN
School Nurse

PERMISSION FOR DELEGATION OF MEDICATION FOR FIELD TRIP

STUDENT NAME:_______________________ DOB:_____________ TEACHER__________

PARENT NAME:____

Telephone Numbers where parent(s) can be reached during today's field trip:________________

Date Of field trip:___________ Field trip destination:________________________

My Child, ___________________________, may need to receive medication if an allergic reaction occurs. I/We, __________________________________, have instructed and delegated __________________________________ as the responsible adult to carry and administer the below named medication in the event of an allergic reaction.

Medication name:___________________________ Dosage:_______________________

Medication name:___________________________ Dosage:_______________________

Other information that may be helpful:

____

____

____

PARENT SIGNATURE:____
DATE:_____________________