

PINELLAS COUNTY SCHOOLS
OPTIONAL MULTI-DAY SCHOOL-SPONSORED FIELD TRIP
PARENTAL PERMISSION FOR OTC MEDICATION ADMINISTRATION TO STUDENT BY DESIGNEE

Student name: _____

School: _____ Grade: _____

I, the undersigned and authorized parent/guardian hereby request and give permission for

_____ (print name of non-PCS employee chaperone/designee) to act as my "designee" and administer the following over-the-counter (OTC) medications provided by me to the above-named student as described below.

List medications

This permission is effective only while my child/student _____ (print name) is participating in the multi-day school-sponsored trip to _____ (print trip destination) during/including the following dates only:

Beginning _____ and ending _____.

In consideration for the school allowing this designation, I agree to release and hold harmless the School Board of Pinellas County, Florida, and its agents and employees from any and all claims and damages incurred as a result of any act or omission by the School Board of its agents or employees or by third parties, including without limitation the designee named herein.

Signature-Parent/Guardian

Date

Witness

Date

White – Designated Med-Administrator Yellow – School Pink – Parent