

Arcadia Christian School
1900 S. Santa Anita Ave, Arcadia, CA 91006

Overnight Field Trip Permission / Medical Consent Form

My child, has my permission to attend with the Staff and chaperones of Arcadia Christian School.

Location of Trip:.....

Trip Date:-..... Departing ACS at:..... Returning to ACS:.....

Student Medical Information

Parent Request For Administration Of Medication • Prescription and Non-Prescription

California Education Code, Section, 49423, allows the school nurse or other designated school personnel to assist students who are required to take medication during the school trip.

Name of Medication: _____ Dosage: _____

Times: _____

I request that medication be administered to my child, _____, in accordance with our physician's instructions. I understand that designated school personnel will administer the medication.

Parent/Guardian signature: _____ Date: _____

Telephone (Work) _____ (Home) _____

Medication must be in the student's original, labeled pharmacy container.

Parent Permission to Administer over the Counter Drugs.

Listed below are some over the counter drugs that school staff will be taking with them on the trip. They will have them available to your child if the need arises. This will help to make their trip a bit more comfortable if they should get sick. Please check the drugs below that you are happy for your child receive, only if necessary.

I give permission for Arcadia Christian School staff to administer the following marked over the counter drugs to my child (child's name) _____

- _____ **Tylenol**
- _____ **Sudafed** (cough & cold)
- _____ **Imodium** (anti-diarrheal)
- _____ **Benadryl** (antihistamine)
- _____ **Pepto-Bismol** (upset stomach)
- _____ **Bonine** (travel sickness)

Parent/Guardian Signature: _____ Date: _____

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