CHERRY CREEK SCHOOL DISTRICT

Overnight Field Trip Unaccompanied by an RN

Permission to Give Over-the-Counter (OTC) Medications

Student Name:	Grade	School_	
Dear Parent/Guardian:			
Over-the-Counter medication permis Physician's permission for each in this medication to your student as	dividual medication is	eld trip to: required, as unlicens	sed assistive personnel (UAP) will give
PLEASE INITIAL EAG	CH MEDICATION FO	R WHICH YOU AI	RE GIVING PERMISSION
The field trip will provide the OTO		ow, and will be given vise indicated.	according to manufacturer's direction,
****DO NO	OT ($$), MUST INITIAL	****	
Ibu Acc Dip Ant Sur	UG profen (Advil) etaminophen (Tylenol) shenhydramine Hydrochl acid (Tums) sscreen er: (List drug anal	(pare	ent must provide medication).
List medication(s) allergies:			
List medication(s) taken daily:			
			according to manufacturer's
Initials Signature of	of Parent/Guardian		Date
Initials Signature o	f Physician	License Number	Date

Cherry Creek form "Permission to give Prescription and Homeopathic Medications" available from your school clinic or: http://www.ccsd.k12.co.us/HealthServices/ Please advise the clinic if you will be requesting administration of homeopathic or herbal medications, as these may require extra time for review by the CCSD Medical Advisory Board.

Kdg—8th grade students may not carry their own medication(s) without written permission. Please consult with your school nurse about independent management paperwork for medications such as rescue inhalers or injectable epinephrines (i.e.,

Twinject, Epi-pen).