



Permission to Transport Medication on Field Trips/Off Campus Events

I give permission for Providence Creek Academy to transport medications prescribed for my child for any/all off campus events for the current school year. I understand a staff member will assist my child with medication. The information about the medication that needs to be taken by _____ (student) is as follows:

Name of medication _____

Dose (amount to be taken) _____

Time to be taken _____

How it is to be taken _____

I understand I must send the medication in the original container with my child's name on it.

All of the above information is on the label on the container prepared by the pharmacist as prescribed by: _____ (doctor's name)

The following are any allergies or health conditions my child has:

Date: _____

Parent/Guardian Signature _____

Please contact your school nurse, Tabitha Herbert if you have any questions.

Email: tabitha.herbert@pca.k12.de.us

Office Phone: 302-653-6276 Ext. 1220

Google Voice: 302-262-8019

Fax: 302-653-7850