

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

Student name: \_\_\_\_\_

School: Clearwater High 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

<u>Advil</u> _____	<u>Tums</u> _____
<u>Tylenol</u> _____	_____
<u>Benedryl</u> _____	_____

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

\_\_\_\_\_