



WEST CHESTER AREA SCHOOL DISTRICT
FIELD TRIP
PARENT DELEGATION OF MEDICAL AUTHORITY
(GRADES 6-12 ONLY)

File: IFCB-E(7)
First Reading

(Please complete and return to the student's teacher)

Name of Field Trip: Festival Disney Date of Trip: April 12-15, 2012
Student Name: _____ Date of Birth: _____
Building: East High School Grade: _____ Homeroom: _____
Name of Parent/Guardian (please print): _____

I am the parent/guardian of the above named student. (date of birth must be completed above). My child is diagnosed with _____ and is under the treatment of _____ M.D., who has prescribed _____. My child is responsible for self-administering. My child is of sufficient competence and maturity to understand and to implement this regimen as prescribed per the West Chester Area School District's medication policy (IFCB-E(6)).

I hereby delegate to the West Chester Area School District and its designated employees and agents my authority as parent and legal guardian of my child to authorize the self-administration of his treatment regimen during the school-sponsored trip as listed on the date above. I understand and accept that a school nurse will not be present at any time during this activity and the teacher in charge will be responsible for the medication before and after my child self-administers it.

PARENT/GUARDIAN signature & phone number

Date