



Confidential Medication Chaperone Agreement

I, _____, the parent/guardian of _____
 (parent/guardian) (student's first, last name)
 have requested that _____ be a **medication chaperone** for my child
 (first, last name)
 as I am unable to accompany my child for the event or special activity specified below. I understand that it is my responsibility to provide the medication chaperone the directions for the medications and to provide the Teacher in Charge or medication chaperone with the medication for my child for the date of the event. Please note that according to FCPS regulation 400-23: *It is the responsibility of the parent/guardian to arrange for the safe delivery of medication to the school. Medication must be transported to the school by an adult.*

I, _____ consent to be a **medication chaperone** for
 (first, last name)
 _____ for the event or special activity specified below. I
 (student's first, last name)
 understand the instructions for the medication(s) and agree to give the medication to the student as directed by the parent/guardian as stated below. I agree to return the medication(s) to the Teacher in Charge or the parent/guardian at the end of the event or special activity.

Event / Activity to: _____ (destination)	On: _____ (date)
Medication: _____	To be completed during activity / event: Time Given: _____ am / pm Comments: _____ _____
Amount: _____	
Directions: _____ _____	

Required Signatures:

Parent/guardian: _____ **Date:** _____

Cell: _____ **Other contact number:** _____

Medication chaperone: _____ **Date:** _____

Teacher in Charge: _____ **Date:** _____

Principal: _____ **Date:** _____

Each individual should receive a copy of the completed form prior to the event / activity. The medication chaperone should return his/her form to the student's parent/guardian with the medication for communication purposes.