



Authorization for Student to Self-Administer Medication on a Field Trip Prescription or Over-the-Counter

Student Name _____ Date of Birth _____ Grade _____

Field Trip _____ Date(s) _____

This authorization is for Middle School and Upper School students only. Lower School and Early Middle School students may **not** self-administer medication. If you would like a chaperone to administer medication, please complete the Authorization for Chaperones to Administer Medication instead of this form.

My son/daughter may self-administer **prescribed** medication: Yes No

Please list **prescription** medication with instructions and possible side effects. All medication must be in its original container. Prescription medication must have health care provider's name and dosing instructions on the container.

My son/daughter may self-administer **over-the-counter** medication: Yes No

Please list **over-the-counter** medication that your student will carry on his/her person. All medication must be in its original container.

This form authorizes the above-named student to self-administer medication. Students **may not share** medication, even over-the-counter medication.

I/We hereby acknowledge that I/we read and understand English and have read and understand the terms and conditions set forth in this Authorization for Student to Self-Administer Medication on a Field Trip form. Alternatively, I/we hereby acknowledge that if I/we do not read and understand English that I/we have consulted with someone who does and such person has fully explained the terms and conditions set forth in this Authorization for Student to Self-Administer Medication on a Field Trip form. I/We fully understand the terms and conditions set forth in this Authorization for Student to Self-Administer Medication on a Field Trip form. (Parent signature not required for students 18 years old and above.)

Parent Signature _____ Date _____

Parent Name (please print) _____

Parent Signature _____ Date _____

Parent Name (please print) _____

I **will not share** medication, even over-the-counter medication.

Student Signature _____ Date _____

Student Name (please print) _____