

PHILOMATH SCHOOL DISTRICT 17J

FIELD TRIP PRESCRIPTION MEDICATION REQUEST

- must be completed for any medication to be given by school personnel on this field trip
- medications must be supplied by the parent, in the original prescription bottle
- parent directions below must be consistent with the directions on the prescription label; otherwise a doctor’s note will be required to authorize administration of medications in a manner other than stated on the prescription label
- only send enough medications for the duration of the field trip

(Student’s Name)

Name of Medication: _____
 Dosage: _____
 Route: (by mouth, injected, inhaled etc) _____
 Date and Time to be given: _____

(Parent Signature)

(Date)

pills received from parent _____ / _____

 Initials of staff and of parent

pills returned to parent _____ / _____

 Initials of staff and of parent

Allergies: _____

For School Personnel – Record doses given

Date	Time	Dosage	Signature

To be filed in health room/medication records after field trip