



## 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.

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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.

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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) \_\_\_\_\_