Prescription Medicine Administration Form

For Overnight School Trip

Northmont City Schools
4001 Old Salem Road
Englewood OH 45322

This form is required for each individual prescribed medication. Please make copies as needed.

Name of Student: _____ Student's birthdate: _____

School Building: _____ Grade/Team: _____Chaperone: _____

I understand that non-medical school personnel may administer this medication. All medication sent for the trip must be in the original container, clearly labeled with: student's name, medication name and the prescribed dosage. Each prescribed medication must be on a separate form for documentation purposes.

_____ _____ _____

Parent/Guardian signature Date Daytime Phone Evening Phone

Name of medication*: _____ Dose: _____ Route: _____

Time and frequency to administer medication: Date the administration of the medication is to:

_____ Begin: _____ End: _____

If medication is a rescue inhaler or Epi-pen, student may self-carry (prescriber to circle one): YES NO

Possible reactions that, if they occur, should be reported to the physician:

_____

_____ _____ _____

Physician's signature Address Phone

***Each medication must be on a separate form.**

FOR SCHOOL USE ONLY: Document in pen: **date, time and initial** when a medication is given. If it wasn't documented, it wasn't done.

Monday	Tuesday	Wednesday	Thursday	Friday
Date:	Date:	Date:	Date:	Date:
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Lunch	Lunch	Lunch	Lunch	Lunch
Dinner	Dinner	Dinner	Dinner	Dinner
Bedtime	Bedtime	Bedtime	Bedtime	Bedtime

School Employee Signature: _____