

AMSA OVERNIGHT FIELD TRIP MEDICATION PROCEDURE

Dear Parent/Guardian:

Please carefully read the following procedure (which is consistent with Massachusetts law 105 CMR 210.000) that must be followed for the administration of medication to students who take part in overnight field trips sponsored by the AMSA Charter School:

1. *Please send only essential medications on the field trip.
2. If your child must take daily medication during the field trip:
 - Please complete the attached “Medication Administration Form for Overnight Field Trip” form and include all medications that your child will take on the trip. **We will accept only those forms that are fully completed and signed by both you and your child’s healthcare provider giving consent for your child to take these medications.**
 - **Medications include all over-the-counter and prescribed medications and need physician’s authorization. This includes vitamins, cough drops, pain relievers etc.**
 - **All medications must be in original prescribed bottles or original over-the-counter packaging.** If you need another properly labeled prescription bottle, your pharmacy can provide one at no cost.
 - Only the amount needed for the trip is to be placed in the bottle.
 - Only medications that have not expired will be accepted, **make sure the expiration date is clear and available on the label/bottle/container.**
 - Place all medication bottles in one zip lock bag along with your completed **Medication Administration Forms for Overnight Field Trips** and label it with your child’s name and the names of all medications in the bag.

Students who currently have orders for an Epinephrine and/or an asthma inhaler in the health office and have existing “contracts to carry” can carry and administer their own Epinephrine/inhalers. Students who **do not** have orders for Epinephrine/inhalers in the health office need to meet with the school nurse and complete a “contract to carry” which will need to be signed by parents, before they can carry and self-administer.

3. **All medications must be received by the school BEFORE and no later than**

2:00 PM September 7, 2023

Medication drop-off instructions:

- Only the medications that fulfill the following guidelines will be accepted:
- Medication(s) is/are required to be delivered, by parents, directly to the school nurse between 8:00 am and 2:00 pm before the deadline date. **No medication will be accepted after the deadline.**
- During the trip, the nurse will store all medications (except for inhalers and epinephrine currently approved for self-administration). Your child will need to go to the nurse at the scheduled time for their medications to be administered.
- Medications not picked up by parents at the conclusion of the trip will be destroyed. Parents are responsible to retrieve all medications when they pick their children up at AMSACS at the close of the trip.



**PARENTAL PERMISSION FOR OTC STANDING MEDICATION ORDERS FOR
09-28-2023 to 10-01-2023 D.C Field Trip**

Student Name: _____

Dear Parent/Guardian;

Our school physician, Angela D. Hunt, MD, has provided standing orders and protocols for the medications listed below. If you would like your child to receive any of these medications during the field trip, please indicate your preferences below and sign your consent. No medication will be dispensed if your child exhibits a fever, or signs of an illness or condition that warrants physician assessment. Other pain-relief methods such as ice/hot packs, relaxation and breathing techniques, and hydration/snack, will be utilized before medication is offered.

Allergies: _____

Medical conditions: _____

List ALL medications/herbs your child takes daily or occasionally: _____

My child has permission to receive the medication(s) **checked below**. I understand this medication will be administered only after the nurse has made an assessment and determines it is appropriate and necessary.

- Ibuprofen, 400 mg.**
for pain relief
- Acetaminophen, 650 mg.**
for pain relief
- Throat lozenge**
for sore throat/cough
- Caladryl**
for itching rash

Daytime phone number _____ Daytime e-mail: _____

Parent/Guardian Signature: _____ **Date:** _____

FOR NURSES USE ONLY

<u>Medications</u>	1: Date/Initials	2: Date/Initials	3: Date/Initials
Acetaminophen, 650 mg			
Ibuprofen, 400 mg			
<u>Topicals</u>			
Caladryl			
Throat lozenge			

MEDICATION ADMINISTRATION FORM for DC OVERNIGHT FIELD TRIP

09-28-2023 to 10-01-2023

This form must be completed and signed by Parent/Guardian and **Healthcare Provider**. Parents please do not complete the physician's part of this form.

Student Name: _____

TO BE COMPLETED BY PHYSICIAN ONLY:

1. Name of Medication _____

Route: Dosage: Frequency: Time(s) to be taken:

Reason for Medication _____

Side effects to be aware of/other information _____

Specific directions for administration _____

2. Name of Medication _____

Route: Dosage: Frequency: Time(s) to be taken:

Reason for Medication _____

Side effects to be aware of/other information _____

Specific directions for administration _____

3. Name of Medication _____

Route: Dosage: Frequency: Time(s) to be taken:

Reason for Medication _____

Side effects to be aware of/other information _____

Specific directions for administration _____

HEALTHCARE PROVIDER AUTHORIZATION: (Physicians Signature Required Below)

I authorize that _____ (student's name) may take the medications I have listed above in accordance with his/her medication administration plan, for the duration of the field trip only.

Printed Physicians Name: _____ **Date:** _____

Physician's Signature: _____ **Phone Number:** _____

TO BE COMPLETED BY PARENT

PARENT CONSENT:

I give permission for my child to take the above medication(s), to be dispensed and administered, by a school nurse, on this trip. If these medications include an inhaler (e.g., albuterol) for asthma and/or emergency epinephrine (e.g., EpiPen, Auvi-Q, etc.) for diagnosed life-threatening allergies, I authorize my child to carry this/these medications during the field trip.

Signature _____ Date _____ Relationship _____