

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
AUTHORIZATION FOR ADMINISTERING OVER-THE-COUNTER STOCK
MEDICATION - AS NEEDED

Middle School Washington DC Field Trip

It is the policy of the Walled Lake Consolidated School District to require a completed Medication Authorization Form when requesting the administration of medication(s) to students during regular school hours or events.

If you wish for your child to be able to receive over-the-counter medication for the purpose of this trip only, please indicate below which medication(s) may be administered to them.

All over-the-counter medication will be held by, dispensed, and monitored by the chaperones. Chaperones will dispense OTC medication based upon instructions provided on the original container label. They will also keep a record of the frequency and amount of medication dispensed. *This form will only apply for the duration of the DC Field Trip.*

Middle School: _____

Student's Last Name _____ First Name _____

Student's Weight _____ Birth Date _____ Age as of Departure Date _____

Please *initial* which medication(s) we may administer to your child.

_____ Ibuprofen (Motrin) _____ Acetaminophen (Tylenol) _____ Tums
_____ Meclizine (generic Dramamine) Non-Drowsy Type _____ Benadryl

TO BE COMPLETED BY PARENT/GUARDIAN:

I hereby request that my child be administered any over-the-counter (OTC) medication initialed above on an as needed basis. I understand the OTC medication will be administered by school personnel as per the direction of the original container label.

Parent Name (please print)

Cell number - We will call this number prior to administering

Parent/Guardian Signature

Date

