



**SCHOOL DISTRICT OF ASHLAND  
Extended Field Trip/Medical Permission Slip  
Medication/Treatment Order**

**THIS SIDE TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER**

Dear Health Care Provider:

Your patient will be participating in an approved trip to \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. There will not be a nurse in attendance on this trip. If you have any concerns about your patient's health needs on this trip, please contact the coordinator of the trip \_\_\_\_\_ at (715) 682- \_\_\_\_\_.

**Please indicate below any treatment/prescription and/or over the counter medication that your patient is currently taking and will need to continue to take while on the trip.** This form must be returned two weeks prior to the trip date to provide for planning and staff training.

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Date of birth

**To be completed by the physician**

Medication/Treatment	Dosage/Frequency of Administration	Circumstances/Symptoms for Administration	Diagnosis

\_\_\_\_\_ Student may carry and self-administer medication.

This self-administered medication is: \_\_\_\_\_

Signed by prescribing health care provider: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by designated school personnel**

Medication/Treatment	Date/Time Medication Given	Date/Time Medication Given	Date/Time Medication Given	Signature of Designated Personnel

Signed by designated school personnel: \_\_\_\_\_ Date: \_\_\_\_\_

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## OVERNIGHT OR OUT-OF-STATE RELEASE OF LIABILITY AND HOLD HARMLESS

I, \_\_\_\_\_, agree to follow the rules for this trip as set forth by the teacher and chaperones. I understand that disobeying the trip rules could result in discipline which may include being sent home immediately at my parents' expense.

I, \_\_\_\_\_ affirm that my student understands the trip rules and I agree with what has been set forth. I understand that I will be called if rules are broken and take full responsibility if my student has to be disciplined. I understand that any student disciplined may be sent home immediately at the expenses of the students' parents if the trip leader deems it necessary. I understand and agree that during the trip my student will be, at times, without direct supervision. I agree to defend, release from liability and hold harmless the school district, chaperones, employees and volunteers from any and all claims and liabilities arising out of this trip, except those which result from the sole negligence of the district.

\_\_\_\_\_ Date \_\_\_\_\_  
Student Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian Signature