



Medication on Field Trip Screening Form and Policy

This form is to be completed and signed by the parent/guardian of the student that will require medication on a field trip. This includes non-prescription medication such as seasonal allergy medications.

By signing this form, Parents give permission for their student to take the medication indicated below while on the field trip. Parents understand that a nurse will not be accompanying the students on the field trip and they give permission for the chaperone to give their student the medication.

Lower School: Students cannot self-administer medication under any circumstance. A nurse will not attend day field trips unless medically necessary.

Middle and Upper School: A nurse will not attend Middle and Upper School trips unless medically necessary and pre-arranged with a contracted nurse. All medication will be held by the designated chaperone. Middle and Upper School students will self-administer medication with physician and parent permission. Middle and Upper School students may only carry emergency medications during the trip (such as Epi-pens, inhalers, insulin, glucose tabs). To be able to self-carry and self-administer emergency medication, students need permission from parents, a written order from the student's health care provider, and the student must demonstrate to the School nurse that they are responsible to safely self-carry and self-administer the emergency medication.

Overnight trips:

If a student needs to take any medication, whether over the counter or prescription, on a day or overnight trip, a parent/guardian and physician must complete the Haverford School Medication Authorization form for **each medication**.

Middle/Upper school students are not allowed to carry non-emergent medication on trips. The lead chaperone will hold all medication for the duration of the trip. Students will meet the lead chaperone to self-administer and take their medication when designated on the prescription or label. A Parent/Guardian will be expected to complete the Daily Medication Sign Out Form attached.

Medication(s) delivery:

Parents/guardians must deliver all medication to the lead chaperone in the original pharmacy container (prescribed for the child to whom it is to be given) or over the original manufacturer packaging (to include directions of use). For prescriptions, the label must contain the child's name, prescriber's name, medication name, dose, directions for administration, and date of prescription. Please only send the exact amount of medication to be given on the trip.

Parent/Guardian Signature: _____ Date: _____



The Haverford School Medication Authorization Form

Student Name: _____ Grade: _____ Date of Birth: _____

This form must be completed in the event that any prescription or over the counter medication must be taken during the school day, including School-sponsored activities, overnight trips, and preseason sports.

For all medications at School: Upload this form to your Magnus Health account, and deliver the medication in its original labeled container to the Health Office, prior to the start date. *Please use one form per each medication. Do not add multiple medications on this form.*

For overnight trips: In addition to this form, please complete the **Daily Medication Sign Out and Medication on Field Trip Screening Form**. Please refer to the Medication on Field Trip Screening Form and Policy regarding the complete policy.

To be completed by the **Physician:**

Please note: We do not require this form for Tylenol, ibuprofen, Benadryl, or tums (we already have School orders and permissions on file).

Medication name: _____ Dose: _____

Time to be given: _____ Reason for medication: _____

Route (circle): PO Topical Inhaled Nebulized Other

Start Date: _____ Stop date: _____

Please check all that apply:

- This student has my permission to carry this medication in school and is capable of Self-administration (*applies only to emergency medications, Epi-pens, insulin, glucose tabs, and rescue inhalers)
- This student is capable of self-administration on school trips.

Physician signature _____

Date _____

Physician printed name or stamp _____

By signing below, I give permission for my student to be given the above-referenced medication by a chaperon on the field trip. I agree to release The Haverford School and its directors, administrators, and employees from any liability for personal injury to my child resulting from the administration of the above-described medication unless such is caused by intentional misconduct by the directors, administrators or employees of the Haverford School **and to indemnify and hold harmless** The Haverford School, its directors, administrators and employees for any claims asserted of the nature described in this paragraph.

Parent/Guardian Signature: _____



Date: _____

Daily Medication Sheet

To be completed by the parent/guardian for each medication the student requires during overnight trips. Chaperone must return this form to the School nurse after the trip.

Trip Name _____

Student Name: _____ DOB: _____

Date	Medication	Dose	Time	Medication Taken