

SUSSEX WANTAGE REGIONAL SCHOOL DISTRICT
27 Bank Street, Sussex, NJ 07461

FIELD TRIP MEDICATION FORM

_____ Student's Name	_____ Date of Trip
_____ Teacher Sponsoring Trip	_____ Trip Destination

Dear Parent/Guardian:

Below are listed options for children on Field Trips who receive a controlled substance or a prescription medication in school for a condition defined as non-life threatening.

PLEASE INDICATE YOUR CHOICE BELOW:

- ☐ A. I will accompany my child on the above field trip and I will administer the medication myself.
- ☐ B. On this date, the medication can be given at _____AM, and/or _____PM, by the building nurse instead of the regular ordered time. (Written orders from your doctor must be on file for the date of the trip for this option). Your doctor can FAX the new orders to the nurse using the number below.
- ☐ C. As parent/guardian I agree that today my child will not receive the medication at school.

_____ Name of Medication	_____ Dose	_____ Time Usually Given
_____ Parent /Guardian Signature		_____ Date
_____ Doctor's Signature		_____ Date

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