



**Parent Request and Physician's Order form for Medication**  
**For Extended Field Trip**

To be completed by PARENT:

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

I request that my child be administered the medication as indicated in the physician's order below. I understand that non-medical personnel conduct the administration, under the instruction of the School Nurse. If an emergency injection is ordered, I give permission for the School Nurse to instruct designated staff in the administration technique. **I understand that it is my responsibility to transport the medication in the original packaging to school no less than 48 hours prior to the planned field trip** and to make school personnel aware of the need to transport medication on extended field trips away from Endeavor.

**I understand that:**

- (1) No employees and agents of Endeavor Charter School shall be liable in civil damages to any party for any act authorized or for any omissions relating to that act, unless that act or omission amounts to gross negligence, wanton conduct, or intentional wrongdoing.
- (2) Information shared may be in the form of an emergency/individual care plan for my child and may include information provided by my child's physician, myself, or from records that have been released to the school from another agency.
- (3) Exchange of information will be limited to the minimum necessary to provide the required assistance for my child and will be shared only with those staff who may need to provide the specific assistance for him/her.
- (4) This consent to release information must be signed before my child's teachers can provide assistance with special medical needs other than notifying parents and activating emergency services (911).
- (5) I assume responsibility for notifying my child's teacher of my child's medical condition. I may request instruction by the Endeavor School Nurse in a medical procedure or technique.

**I authorize:** The release and exchange of medical information between my child's physician and any representative of Endeavor Charter School that is necessary in carrying out services for my child. In the event of an accident or medical emergency, I authorize school officials to seek and consent to emergency medical assistance on the student's behalf.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact # 1

\_\_\_\_\_  
Emergency Contact #1 Phone Number

\_\_\_\_\_  
Emergency Contact # 2

\_\_\_\_\_  
Emergency Contact #2 Phone Number

**To be completed and signed by the Student's Medical Provider**

**School Field Trip Health Information**

- *In the event that the routine medical needs of any student attending the school field trip cannot be met by school employees, the parent/guardian of the student with medical needs should contact the School Nurse directly to make arrangements.*
- *In the event of an accident or emergency, any medical information shared with Endeavor Charter School will be provided to emergency medical providers as needed.*
- *If your students medications, need for medical assistance, or medical conditions change after completing this form, please contact the Endeavor School Nurse and provide updated information.*

**Student requires medication(s) and/or medical assistance during the extended field trip**

**Parent/Guardian will be attending the extended field trip and will provide medication(s) and/or medical assistance for this student.**

\*Please list all daily and emergency medications (including OTC medications, creams, lotions, sunscreen, bug spray, etc) that will be needed during this school trip.

Medication	Doseage	Time

Does the student require medical assistance, other than administration of medication(s)?

**YES**     **NO**

If yes, please describe:

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**Physician/Provider Printed Name:** \_\_\_\_\_

**Physician/Provider Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_



**To be completed and signed by the Student's Medical Provider**

The medications listed below are the most frequently needed and/or requested medications on extended field trips. Please use the order form below to give consent for medication administration by ECS staff as needed. Other medications should be listed on page 2 of this form (daily medications, vitamins, supplements, etc).

Please use the "order" box to check all medications you would like to be available to your child during the field trip. The order form must be filled out completely for each medication. Orders apply only to the field trip hours.

Order	Medication	Dose	Route	Frequency	Reason
	Benadryl (Diphenhydramine)	_____mg	PO	every _____ hours as needed	allergic reaction, itching
	Zyrtec (Cetirizine)	_____mg	PO	every _____ hours as needed	allergic reaction, itching
	Tylenol (Acetaminophen)	_____mg	PO	every _____ hours as needed	pain or fever
	Advil (Ibuprofen)	_____mg	PO	every _____ hours as needed	pain or fever
	Hydrocortisone Cream	_____mg	topical	as needed	itching
	Neosporin / Triple Antibiotic Cream	_____mg	topical	as needed	treatment of minor abrasions
	Pepto Bismol (Bismuth subsalicylate)	_____mg	PO	every _____ hours as needed	Upset stomach, nausea, diarrhea
	Sunscreen (student may self-carry)	n/a	topical	as needed	sun protection
	Bug Spray (student may self-carry)	n/a	topical	as needed	insect bite protection

\_\_\_\_\_ I give permission for an ECS staff member to remove a tick from my child.

**Provider Printed Name:** \_\_\_\_\_

**Stamp:**

**Provider Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_