

SOUTHAMPTON TOWNSHIP SCHOOL #3

100 Warrior Way

Southampton, New Jersey 08088

"Building a Tradition of Excellence"

MEDICATION AUTHORIZATION FORM

6th Grade Environmental Education Trip

Please follow these guidelines:

1. The medication policies apply to **all** prescription and over-the-counter medications.
2. The medication must be in the original container and be appropriately labeled by the pharmacy or manufacturer.
3. The medication must be brought to school by the parent/guardian. At the end of the trip, parents may pick up the medication at the School #2 Nurse's Office.
4. A written order from your child's physician must be provided and must cover **all** doses your child will receive during the trip. A written request from the parent for the nurse to administer the medication must also be provided. **This form must be submitted 2 weeks prior to leaving for the trip.**
5. The nurse will administer **all** medications. Children will **NOT** be permitted to keep medications in their cabins.

Physician's Order:

Name of child: _____

Name of medication: _____

Dosage: _____ Time/Frequency: _____

Reason for medication: _____

Possible side effects: _____

Estimated termination date: _____

(All authorizations expire at the end of the trip)

Physician's signature: _____ Date: _____

Physician's address: _____

Physician's telephone number: _____

I request this medication be given to my child, _____
as prescribed by my child's physician.

Date: _____

Parent/Guardian Signature: _____