



FIELD TRIP STAFF AUTHORIZATION TO ADMINISTER MEDICATION

LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE
SCHOOL		SCHOOL YEAR	

PARENT/GUARDIAN STATEMENT

All students attending public schools must have access to health care during the school day and for school sponsored activities, if necessary, to enable the student to participate fully in the school program. The federal laws include the Americans with Disabilities Act, Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973.

The Alaska Board of Nursing does not authorize registered nurses to delegate certain medications to unlicensed assistive personnel. Examples include, but are not limited to: injectable medications, medications via gastrostomy tube and "as needed" controlled substances. However, **parental delegation of these medications, when a school nurse is not available to administer them, is allowed in 12 AAC 44.975, Exclusions (2) under "other legal authority."** In an Alaska Board of Nursing advisory opinion dated 4/02/2012, the Medication Administration in the School Setting Delegation Decision Tree was adopted as a plan to allow parents to delegate to school staff with nurse involvement in training and follow up. The trained school staff must provide care for the student consistent with the Individualized Healthcare Plan (IHP) prepared by the Health Services office, based on healthcare provider instructions and parent input.

I understand that in the absence of Health Services personnel, other trained school staff will administer medication. I agree to defend and hold named school district employees harmless from any liability resulting from the medication or the manner in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements. I will notify the school immediately if the medication is changed and understand that Health Services personnel may contact the health care provider or pharmacist regarding the medications listed below.

PRESCRIPTION MEDICATIONS (includes emergency medications)

Medical Condition(s):

MEDICATION	DOSAGE	TIME	ADDITIONAL INSTRUCTIONS
MEDICATION	DOSAGE	TIME	ADDITIONAL INSTRUCTIONS
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As the parent or guardian, I hereby acknowledge that I have read and understand this form and agree to its content. I, knowingly, give permission for the Fairbanks North Star Borough School District designated staff member to administer medication to my child while on a school sponsored field trip in the absence of Health Services personnel. I understand that a 'Request for the Administration of Medication' must be on file at the school.

PARENT/GUARDIAN NAME	PHONE NUMBER	EMAIL
PARENT/GUARDIAN SIGNATURE		DATE

THIS AUTHORIZATION EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR AND MUST BE RENEWED EACH FALL