Overnight Field Trip Medication Requirements

STUDENT NAME _____ **DOB** _____ **NAME OF FIELD TRIP** _____

Does your child require medication on the field trip? **Yes** ___ **No** ___

If yes, follow the instructions below.

Medication must be brought to school and signed in by a parent/guardian **two weeks prior to the field trip.**

According to Washington State law, RCW 28A.210.260, all medications given at school and school-sponsored events where students are under the supervision of school officials require a licensed health care provider's order. This includes an order for prescription medications, over the counter (OTC) medications, nutritional supplements, and homeopathic remedies.

☐ **Medication Administration Authorization Form:**
If your student requires medication at camp or an overnight field trip, their healthcare provider must complete and sign a district form for each medication. The form must be signed and dated by both the parent and the child's health care provider. Link: General Medication Authorization. This form is also attached and can be found on the LWSD website.

☐ **Emergency Medications:**_____
If your student already has emergency medications at school (epinephrine, rescue inhaler, seizure rescue medications, etc.), a new form does NOT need to be completed, nor do additional doses of the emergency medication need to be provided. Emergency medications already at school will be sent to camp.

☐ **Prescription Medications:**_____
Medication must be in a properly labeled pharmacy container. The pharmacy prescription label MUST match the health care provider's orders on the Medication Administration Authorization at School form: student name, name of medication, medication strength, dosage, and time the medication is to be administered. Pills that are ordered to be given in 1/2 tablet doses must be split by the pharmacist before they are delivered to the school.

☐ **Over-the-Counter Medications:**_____
Over-the-counter medications (Tylenol, Advil, Benadryl, etc.) must have the student's name written on the container in bold marker. The health care provider's order on the *Medication Administration Authorization* form MUST match the medication. Example: liquid vs. tablet, correct mg. per tablet.

☐ **Daily Medications at School:** _____
If your student has daily medication taken at school that will be taken on the field trip, the parent must provide a separate pharmacy bottle with a pharmacy label that matches the pharmacy label of the medication at school. The student's parents should then sign in the correct number of doses required for the field trip in the pharmacy labeled container.

☐ **Self-Carry Medications:** _____
A *Medication Administration Authorization* form (see above) is required with "self-carry" checked.
Please note: Parents/guardians are responsible for confirming their student has their self-carry medication every day at school, and that the medication is NOT expired.

Parent Signature _____ **Date** _____

Print Name _____