

Medication Consent Forms**SCHOOL-SPONSORED RELATED FIELD TRIPS**

TO BE COMPLETED BY THE HEALTH CARE PROVIDER FOR ANY/ALL MEDICATION

In some situations, students may be authorized to self-administer their medication while on school-sponsored trips. A school employee will be responsible for keeping the medication in a safe and secure place while on a field trip until such time that the student requires the medication. At the appropriate time, the medication will be available to the student to self-administer in the presence of the school employee.

THE MEDICATION MUST BE IN THE ORIGINAL CONTAINER WITH A VALID EXPIRATION DATE. IF THE MEDICATION IS PRESCRIBED BY YOUR HEALTHCARE PROVIDER, THE ORIGINAL PRESCRIPTION LABEL MUST BE ATTACHED.

If your student requires medication during the field trip, please complete the following:

School: _____ Date form received by the School: _____

Student's Name: _____ **Grade:** _____ **Homeroom/Classroom:** _____

Student's Age: _____ **Date of Birth:** _____

Name of medication: _____ Reason for medication: _____

Form of medication/treatment: ☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other _____

Describe schedule and dose to be given at school: _____

Special storage requirements: ☐ None ☐ Refrigerate ☐ Other _____

Student is capable of/responsible for self-administering this medication: ☐ No ☐ Yes ☐ Supervised ☐ Unsupervised

Student has been instructed in self-administering the medication: ☐ No ☐ Yes

Student must carry this medication on his/her person (inhaler, Epi-pen, Glucagon only): ☐ No ☐ Yes

Please indicate additional information: ☐ On the back side of this form ☐ As an attachment

Physician/Health Care Provider Signature

Date

Name of Physician/Health Care Provider: _____

Address: _____

Phone #: _____ **Fax #:** _____

Permission Form for Prescribed or Over-the-Counter Medication**(To be completed by Parent/Guardian)**

I give permission for _____ to receive the above medication(s) at school according to standard school policy and expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from administration of the above medication, any adverse effects or side effects, or a student's refusal to take or administer the medication, unless such is the result of negligence or misconduct on behalf of the school or its employees. For on-going medications, I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable orders from a physician or health care provider to be followed. By signing below, **I acknowledge that the school employee is NOT responsible for administering the medication. My child has been instructed on the use and necessity of this medication, and he/she is capable of administering the medication independently.**

Date: _____

Parent Name: _____

Parent Signature: _____

Relationship: _____

Home Phone: _____

Work Phone _____

Emergency Phone _____