

AMSA OVERNIGHT FIELD TRIP MEDICATION PROCEDURE: Washington D.C Oct 15-18th 2025

Dear Parent/Guardian:

Please carefully read the following procedure (which is consistent with Massachusetts law 105 CMR 210.000), **that must be followed for the administration of medication to students who take part in overnight field trips sponsored by the AMSA Charter School:**

1. *Please send only essential medications on the field trip. Please consider holding back all non-essential medications as we have only one nurse, Ashley Brandese, RN, to care for 100+ students.
2. If your child must take daily medication during the field trip:
 - Please complete the attached “Medication Administration Form for Overnight Field Trip” form and include all medications that your child will take on the trip. **We will accept only those forms that are fully completed and signed *by both you and your child’s medical provider* giving consent for your child to take these medications.**
 - **Medications include all over the counter and prescribed medications need a medical provider’s authorization.**
 - **All medications must be in original prescribed bottles or original over-the-counter packaging.** If you need another properly labeled prescription bottle, please ask your pharmacy.
 - Only the amount needed for the trip is to be placed in the bottle 4 days/3 nights.
 - Only medications that have not expired will be accepted, **make sure the expiration date is clear and available on the label/bottle/container.**
 - Place all medication bottles in one zip lock bag along with your completed **Medication Administration Forms for Overnight Field Trips** and label it with your child’s name and the names of all medications in the bag.

Students who currently have orders for an Epinephrine and/or an asthma inhaler in the Health Office and have existing “contracts to carry” can carry and administer their own Epinephrine/inhalers. Chaperones on this trip have all been educated and signed off by the school nurse for EpiPen use.

All medications must be received by the school BEFORE and no later than 2:00pm on Friday, Sept 26, 2025.

*******Medication drop-off instructions: Please check in at the New Main building and explain you have medications to be dropped off for the D.C. Field trip and a nurse will come to you.**

- Only the medications that fulfill the following guidelines will be accepted:
- Medication(s) is/are required to be delivered, by parents, directly to the school nurse between 8:00 am and 2:00 pm before the deadline date. **No medication will be accepted after the deadline.**
- During the trip, the nurse will store all medications (except for inhalers and epinephrine currently approved for self-administration). Your child will need to go to the nurse at the scheduled time for their medications to be administered.
- Medications not picked up by parents at the conclusion of the trip will be destroyed. Parents are responsible for retrieving all medications when they pick their children up at AMSACS at the close of the trip.



PARENTAL PERMISSION FOR OTC STANDING MEDICATION ORDERS FOR 10/15- 10/18, 2025 D.C Field Trip

Student Name:

Date of Birth

Dear Parent/Guardian:

Our school physician, Angela D. Hunt, MD, has provided standing orders and protocols for the medications listed below. If you would like your child to receive any of these medications during the field trip, please indicate your preferences below and sign your consent. No medication will be dispensed if your child exhibits a fever, or signs of an illness or condition that warrants medical assessment from a provider. Other pain-relief methods such as ice/hot packs, relaxation and breathing techniques, and hydration/snack, will be utilized before medication is offered.

Allergies:

Medical conditions:

List ALL medications/herbs your child takes daily or occasionally:

My child has permission to receive the medication(s) checked below. I understand this medication will be administered only after the nurse has made an assessment and determines it is appropriate and necessary.

Ibuprofen, 400 mg, for pain relief **Acetaminophen, 650 mg**, for pain relief **Caladryl**, for itching rash

Vaseline for chapped, cracked or irritated skin or lips

Daytime phone number parents can be reached during the trip _____ Evening phone number: _____

Parent email that can be accessed by the field trip nurse while student is attending the trip: _____

Parent/Guardian Signature: _____ **Date:** _____

FOR NURSES USE ONLY

Medications	1: Date/Initials	2: Date/Initials	3: Date/Initials
Acetaminophen, 650 mg			
Ibuprofen, 400 mg			
Topicals			
Caladryl			
Vaseline			

MEDICATION ADMINISTRATION FORM FOR AMSA DC OVERNIGHT FIELD TRIP- 10/15-10/18/25

This form must be completed and signed by Parent/Guardian and Healthcare Provider.

Parents please do not complete the physician's part of this form.

Student Name: _____ Date of Birth: _____

TO BE COMPLETED BY MEDICAL PROVIDER ONLY: Make copies if more than 3 medications

1. Name of Medication _____
Route: _____ Dosage: _____ Frequency: _____ Time(s) to be taken: _____

Reason for Medication: _____

Side effects to be aware of/other information: _____

Specific directions for administration: _____

2. Name of Medication _____
Route: _____ Dosage: _____ Frequency: _____ Time(s) to be taken: _____

Reason for Medication: _____

Side effects to be aware of/other information: _____

Specific directions for administration: _____

3. Name of Medication _____
Route: _____ Dosage: _____ Frequency: _____ Time(s) to be taken: _____

Reason for Medication: _____

Side effects to be aware of/other information: _____

Specific directions for administration: _____

HEALTHCARE PROVIDER AUTHORIZATION: (Medical Provider's Signature Required Below)

I authorize that (student's name) _____ may take the medications I have listed above in accordance with his/her medication administration plan, for the duration of the field trip only.

Printed Physicians Name: _____ Date: _____

Physician's Signature: _____ Phone Number: _____

TO BE COMPLETED BY PARENT

PARENT CONSENT:

I give permission for my child to take the above medication(s), to be dispensed and administered, by the nurse, on this trip. If these medications include an inhaler (albuterol) for asthma and/or emergency epinephrine (EpiPen, Auvi-Q, etc. for diagnosed life-threatening allergies, I authorize my child to carry these/these medications during the field trip in accordance with their Allery Asthma Action Plan and medical orders.

Signature: _____ Date _____ Relationship: _____

