Field Trip Medication Form

Student Name: _____ **Date of Birth:** _____ **Field Trip Date:** _____

Allergies: _____

Important: If you are sending prescription medication, non-prescription medication, vitamins, supplements, etc., for your daughter then you must: (1) indicate the type of medication on this form, (2) sign where indicated, (3) send the medication in the original packaging, and (4) send the medication into school at least 48 hours prior to the trip. **Any medication that is not in the original packaging (for example, in a plastic bag) will not be given.**

SECTION 1: NON-PRESCRIPTION (OVER THE COUNTER) MEDICATION — PHYSICIAN SIGNATURE IS REQUIRED FOR ALL MEDICATIONS

Important: Generally, school personnel do not bring supplies of over-the-counter (OTC) medications on field trips. If you feel that your child will likely need an OTC medication, you MUST send it to school, in the original packaging, with explicit instruction on when and why it is to be given.

Please check one (required):

_____ My student is **NOT** indicated to take medication during this field trip.

_____ I am sending the following medications for my student, and I include why and when they are to be given:

MEDICATION	REASON	FREQUENCY

SECTION 2: PRESCRIPTION MEDICATION — PHYSICIAN SIGNATURE IS REQUIRED FOR ALL MEDICATIONS

NAME OF MEDICATION	DOSAGE	TIME(S)	Permission to carry inhaler, Epi-Pen, and/or Glucagon as indicated?

SECTION 3: PARENTAL CONSENT & AUTHORIZATION

I, the undersigned, parent/guardian of the above name student, request my student be assisted with or administered the medication listed above. I will:

1. Provide all prescription and over-the-counter medications in the original packaging.
2. Notify the school if there is a change in the student's health status.
3. Notify the school immediately and provide a new consent for any changes in the doctor's orders.

I ACKNOWLEDGE IF MY STUDENT CARRIES AND ADMINISTERS HER OWN EMERGENCY MEDICATION (i.e. inhaler, epi-pen, glucagon) WITH PERMISSION NOTED IN SECTION 2 ABOVE, IT MUST BE ON HER PERSON AT ALL TIMES DURING THE FIELD TRIP.

I hereby authorize the school nurse or unlicensed designated school personnel to administer or assist in the administration of the above prescription medications and/or over-the-counter medications if indicated.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

SECTION 4: PHYSICIAN CONSENT AND AUTHORIZATION

My signature below provides the authorization for the above written orders. I understand that all procedures will be implemented in accordance to MD state laws and regulations. I understand that a school nurse or trained unlicensed designated school personnel may administer or assist in the administration of the above medication(s). This authorization is valid for one year. If changes are indicated, I will provide new written authorization (may be faxed).

PHYSICIAN SIGNATURE: _____ **DATE:** _____

STUDENT NAME: _____ **GRADE:** _____ **DATE:** _____

---------- FOR SCHOOL USE ONLY ----------

MEDICATION LOG – FOR COMPLETION BY SCHOOL

This is the chart that will be used to log any medication given to your student. It will be returned to school after the trip. When a medication is given, the staff member will write the time and their initials in the chart and will fill out the bottom section.

MEDICATION	DOSE	FREQUENCY	MON.				TUES.				WED.				THURS.				FRI.			

Printed Name _____ Initials _____ Signature _____ Title _____

Printed Name _____ Initials _____ Signature _____ Title _____

Printed Name _____ Initials _____ Signature _____ Title _____

Printed Name _____ Initials _____ Signature _____ Title _____