SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS
667 WESTFIELD ROAD
SCOTCH PLAINS, NEW JERSEY 07076

(908) 889-0100 FAX (908) 889-1812

SPF OVERNIGHT FIELD TRIP MEDICATION SELF-CARRY PERMISSION SLIP

Student Name: _____
DOB: _____ Grade: _____ SPF School: _____

Parent/Guardian Name(s) & Phone Number(s):
_____

Field Trip Date(s): _____ Destination:_____

Purpose of this Form:

This form authorizes the student to carry and self-administer prescribed and/or over-the-counter medications during the field trip and informs staff of any medical needs.

Note: Students with existing orders on file for Severe Allergies requiring Epinephrine, Asthma, Adrenal Insufficiency, or Diabetes may rely on those standing orders, but must still complete this form.

Medication Requirements:

- All over-the-counter medications must be in an **original labeled container**
- All prescription medications must be in a **current, properly labeled prescription bottle**
- It is recommended that students carry **only the amount needed for the trip**, with **no more than one or two extra doses.**

Medication Disclosure

Medication Name	Dose	Frequency	Purpose/ Condition	Special Instructions

SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS
667 WESTFIELD ROAD
SCOTCH PLAINS, NEW JERSEY 07076

(908) 889-0100 FAX (908) 889-1812

Student Name _____ DOB_____

Medical Considerations

List any conditions staff should be aware of:

Emergency Authorization

I authorize emergency medical care if needed. I understand 911 will be called in an emergency as a school nurse will not be present.

Emergency Contact: _____ Phone: _____

Parent Permission & Liability Acknowledgment

By signing below, I acknowledge and agree that:

- My child may carry and self-administer medication during this trip and is responsible for the safe handling, storage, and administration of their own medication. I understand school staff will not administer medication.
- I understand there are inherent risks associated with a student self-carrying medication, including but not limited to loss, theft, misuse, or improper administration.
- For the purpose of ensuring student safety and appropriate care during the field trip, relevant medication information will be shared with designated field trip staff and/or chaperones on a need-to-know basis.
- I agree to release, waive, and hold harmless the school, its employees, chaperones, and affiliated organizations from any and all claims, liabilities, damages, or causes of action arising out of or related to my child's possession or self-administration of medication during the trip.
- This waiver includes, but is not limited to, situations in which medication is lost, not taken as prescribed, or administered incorrectly by the student.

Student Responsibility Agreement

- I will carry and use my medication responsibly and only as directed.
- I will not share or misuse my medication.
- I understand misuse may result in disciplinary action and loss of privileges.
- If I use emergency medication, I will immediately inform a faculty member or chaperone.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____