



Authorization for Administration of Medication for Overnight Field Trips

Generally, health services staff do not accompany students on field trips. If health services staff do not attend the field trip, any medication to be administered to a student will be kept in the possession of the teacher or designated staff and will be given by school personnel. With parent/guardian consent and physician authorization, students will be permitted to self-carry inhalers or other emergency medication at the discretion of health services staff.

Medication Guidelines and Instructions for Completion:

- Parent/guardian permission AND **written physician order** is required for **ALL medications** (including over the counter medications).
- Students who currently have orders for medication at school will NOT need additional orders.
- Fill out the lower portion of this page in its entirety for ANY medication your student is bringing.
- Physician signature is **REQUIRED** for all medications.
- Parent/guardian signature is also required.
- Medications **MUST** be given directly to designated school personnel prior to the field trip.
- Only necessary medications should be sent on the field trip. Please refrain from sending multivitamins, herbal, or dietary supplements.
- Send only the amount of medication needed for the field trip.
- Instruct your student not to share medications with anyone else.

I hereby authorize the administration of the following medication during the overnight field trip and release the school personnel from liability should reactions result from medication administered by them.

Student name

Parent Signature

Date

OVERNIGHT FIELD TRIP DATES:

Medication Name	Dosage	Time to be given	Student to self-carry? (emergency medication only)

Physician Signature

Date

Physician printed name

Phone number



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*****FOR SCHOOL USE ONLY*****

Student name:

Medication received by:

MEDICATION LOG - FOR COMPLETION BY SCHOOL PERSONNEL ONLY														
MEDICATION	DOSE	FREQUENCY	DATE:			DATE:			DATE:			DATE:		

PRINTED NAME	INITIALS	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____