



If the *student medication request* is returned to the school and/or staff, the district recipient will provide the student record to the PRINCIPAL prior to the field trip.

STUDENT MEDICATION REQUEST AND RELEASE AUTHORIZATION FORM

Dear Parent/Guardian,

If your child will need to take any **prescription or over-the-counter medications** while participating in this activity, you must complete the Student Medication Permission form on the reverse side of this form. **Please be aware that an asthma inhaler, epinephrine auto injector, and insulin are the only medications that a student will be permitted to carry with physician documentation (Policy 10613).** All other medications must be delivered by a parent/guardian and must be given to a supervising adult to carry.

- The medication authorization on the reverse side of this document must be completed and signed by both parent/legal guardian and the prescribing physician. There are **NO EXCEPTIONS**.
- A pupil will be required to demonstrate proficiency in self-administration prior to a trip for any medication that is not taken by mouth.
- The parent/legal guardian must package the medication and write on the package the name of the student and the exact quantity of the medication contained in the package. The package must contain the medication in its **original container, with the original prescription directions/label as provided by the pharmacy**. The parents shall only provide the exact dosage that needs to be taken during the course of the trip. No excess dosages or pills are to be provided.
- Packaged medication will be carried by a District employee or approved chaperone at all times, unless the pupil has been properly approved to carry the medication on his/her person **pursuant to Policy 10613**.
- Medication will be given to the pupil at the designated time, and the pupil will self-administer the medication in the presence of a District employee and/or approved chaperone.

Thank you for assisting in providing safe medication administration for your child during school trips.

Please see reverse side of this document for Medication Authorization

This form must be completed for any medication (prescription or non-prescription) a student will need to take during a school related trip.

SECTION I (Section is to be completed by the **parent/legal guardian.**)

Pupil Name _____ Sex _____ DOB _____

Primary Address _____

City _____ State _____ Zip _____

School _____ Phone _____ Fax _____

SECTION II (Section is to be completed by a **LICENSED HEALTHCARE PROVIDER.**)

Diagnosis for which medication will be required on the trip:			
Medication:	Strength:	Dosage:	Time:
Method of Delivery: <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Inhaled <input type="checkbox"/> Injection <input type="checkbox"/> Other (describe)			
Frequency: If medication is to be given at "scheduled time", at what time(s)? _____ If medication is to be administered "when needed" how soon can it be repeated after each dose? _____			
Medication:	Strength:	Dosage:	Time:
Method of Delivery: <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Inhaled <input type="checkbox"/> Injection <input type="checkbox"/> Other (describe)			
Frequency: If medication is to be given at "scheduled time", at what time(s)? _____ If medication is to be administered "when needed" how soon can it be repeated after each dose? _____			
Medication:	Strength:	Dosage:	Time:
Method of Delivery: <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Inhaled <input type="checkbox"/> Injection <input type="checkbox"/> Other (describe)			
Frequency: If medication is to be given at "scheduled time", at what time(s)? _____ If medication is to be administered "when needed" how soon can it be repeated after each dose? _____			
Is pupil authorized to carry and self-administer medication?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the pupil proficient and capable in all respects of self-administering the medication?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure to take the medication during the trip would jeopardize the health of the pupil or the pupil will not be able to attend the trip if medication is not taken during the trip			<input type="checkbox"/> Yes <input type="checkbox"/> No

Licensed Health Care Provider Signature

Date

Address _____ Phone _____ Fax _____

SECTION III (Section is to be completed by a **parent/legal guardian.**)

I hereby grant permission for my child to self-administer medication during a school trip. My child and I understand there are serious consequences, which may include suspension or expulsion for sharing any medications and/or supplies with others. See Policy 10613 Administration of Medications and Use of an Asthma Inhaler Policy and 10510 Discipline Code.

Parent/Legal Guardian Signature

Date