



Authorization for Administration of Medication for Overnight Field Trips

Generally, health services staff do not accompany students on field trips. Any medication to be administered to a student will be kept in the possession of the teacher or designated district staff and will be given by school personnel. With parent/guardian consent, exceptions will be made for secondary students to self-carry inhalers, Epi-pens, migraine and diabetes medications, over the counter medications, and non-prescription pain relievers.

Primary Student Guidelines (Grades 1st - 5th)

- **Written physicians order** is required for **ALL medications** (including over the counter medications) AND parent/guardian permission.
- Students who currently have permission to self-carry medication at school may be permitted to do so on the field trip as well. No additional orders are needed.

Secondary Student Guidelines (Grades 6th - 12th)

- For any over the counter medications (including non-prescription pain relievers):
 - Parent/guardian's written permission is required
- For any prescription medication:
 - **Written physician's orders** AND parent/guardian permission.
 - If we have current doctor's orders on file at school for epinephrine, inhaler or diabetes medications you do NOT need to obtain new orders.

Instructions for completion:

- Fill out the lower portion of this page in its entirety for ANY medication your student is bringing.
- Doctor/Provider signature is required for certain medications (see guidelines above).
- Parent signature required for ALL medications, even over the counter meds (lower portion of page)
- Bring medications to the teacher at least 10 days prior the field trip in its original bottle or packing.
- Send only the amount of medication needed for the length of 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:

	Self-carry migraine meds	Y	N
(Student Name)	Self-carry inhaler	Y	N
	Self-carry epinephrine	Y	N
	Self-carry diabetes meds	Y	N

Medication Name	Dosage	Time to be given	For the treatment of

Physician's Signature: _____ Date: _____ Phone: _____ Fax: _____

Printed name of Physician/Provider: _____ Clinic Name: _____

Parent/Guardian Signature: _____ Date: _____

Overnight Field Trip Medical Authorization / Information Form

Student Name: _____ Birth Date: _____ Age: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Health Insurance Carrier: _____ Policy #: _____

Name of Family Physician: _____ Phone # _____

Emergency Contact (Alternate contact if unable to reach parent): _____

Home Phone #: _____ Cell Phone #: _____ Work Phone _____

SPECIAL HEALTH INFORMATION (Please check (✓) appropriate area(s) below: **Yes** **No**

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|--|-------|-------|
| 1. Does the student require the administration of any medication during the field trip? | _____ | _____ |
| If yes, please complete the Authorization for Medication Administration on the reverse side of this form and return it to your child's school at least ten days prior to the field trip departure date. | | |
| 2. Any allergies? | _____ | _____ |
| If yes , please list and describe type of reaction: | | |
| 3. Asthma? | _____ | _____ |
| If yes , please explain any triggers or signs teacher should be aware of: | | |
| 4. Diabetes? | _____ | _____ |
| If yes , list medications required: | | |
| 5. Emotional or psychological condition? | _____ | _____ |
| If yes , please describe: | | |
| 6. Sleep disturbance and/or bedwetting? | _____ | _____ |
| 7. Fainting? | _____ | _____ |
| 8. Heart condition? | _____ | _____ |
| If yes , please describe: | | |
| 9. Seizures? | _____ | _____ |
| If yes , type? | | |
| 10. Hearing impairment? | _____ | _____ |
| 11. Vision impairment? | _____ | _____ |
| 12. Any physical activity restrictions? | _____ | _____ |
| If yes , please describe: | | |
| 13. If other not specifically addressed, please explain: | | |

Other information or directions from parents:
In case of emergency, I hereby authorize school officials to secure emergency care for my child at an appropriate emergency facility. I understand that, should a medical emergency arise, every effort will be made to contact me before such treatment is given. I understand that any changes to this authorization must be submitted to the school principal in writing.

Parent/Guardian Signature: _____ Date: _____