



BELLINGHAM PUBLIC SCHOOLS
Overnight Field Trip Medication Request Form

Student Name: _____ Grade: _____ Date of Birth: _____

Overnight Trip (Name): _____

Date of trip: From _____ through _____ with _____
Date Date Name of teacher and school

Staff administered medication

Self-administered Medication:

By indicating you wish that your child/patient self-administers their medication you are recognizing the needed responsibility of your child/patient and understanding that the school will not be able to track compliance.

This form must be completed and signed by a parent/guardian for self-administration of the following over the counter (OTC) medications: pain relievers, cough drops, antihistamines, antacids, and sunscreen. All other OTCs not listed above require both parent/guardian and LHP signature. Students may not self-carry controlled substances.

Name of licensed health care provider prescribing medication(s): _____

Name of Medication	Dosage to be given	Time medication to be administered/taken

Asthma inhalers:

- I have demonstrated the correct use of the inhaler to the medical provider and school nurse
- I agree never to share my inhaler with another person or use it in an unsafe manner
- I agree that if there is no improvement of my symptoms after using my inhaler, I will report to an adult if the nurse is not available or present.
- The permission to self-administer asthma medication may be revoked by the school staff if it is determined that the student is not safely and effectively self-administering the medication. The medication would then be carried and administered by school staff.

 Student Signature Date

As parent/guardian of the above named student, I am responsible for informing school personnel of my student's medical needs. I understand only the prescribed daily dose is to be sent to the school for each day of the field trip.

- Medication must come in the original packaging from the manufacturer or pharmacy. Pharmacies can provide a "school bottle" for medications. Staff administered medications must be delivered by a parent to the school 5 days prior to the trip.
- Secondary students who self-administer medications are to submit this form 5 days prior to the trip and keep their medications safely with their belongings.

I acknowledge the school district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and I shall indemnify and hold harmless the Bellingham School District and its employees or agents against any claims arising out of the self-administration of medication by my student.

This form allows designated school personnel to contact the licensed health care provider regarding health or medication issues.

 Parent/Guardian Signature Date Phone number

 Licensed Health Care Provider (Signature) Licensed Health Care Provider (Print)

 Date Phone