



OVERNIGHT STUDENT TRIP MEDICATION REQUEST FORM

Student Name: _____ Grade: _____ Date of Birth: _____
Overnight Trip (Name): _____
Dates of trip: _____ School _____ Teacher _____

- Staff administered medication
Self-administered medication

By indicating your child/patient may self-administer 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 licensed health care provider's signatures. Students may not self-carry controlled substances except asthma and anaphylaxis medications carried in compliance with Procedure 3419P.

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

Table with 3 columns: Name of Medication, Dosage to be given, Time medication to be administered/taken

Asthma inhaler users

- 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.
Permission to self-administer asthma medication may be revoked by school staff if it is determined the student is not safely and effectively self-administering the medication. The medication would then be carried and administered by school staff.
I have submitted my written treatment plan from my licensed health care provider.

Student Signature _____ Date _____

As parent/guardian of the above named student I understand,

- I am responsible for informing school personnel of my student's medical needs.
Only the prescribed daily dose is to be sent to the school for each day of the student 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.

Awareness of Risk: I acknowledge the school district shall incur no liability as a result of any injury or illness arising from the self-administration of medication by the student. In the event of an injury or illness, reasonable effort will be made to contact the parent immediately; however, if the parent cannot be reached, the adult in charge will secure emergency medical care as needed. This form allows designated school personnel to contact the licensed health care provider regarding health or medication issues. Being fully aware of the risks, I give consent for my student to self-administer or have medications administered by staff.

Parent/Guardian Signature _____ Date _____ Phone Number _____

Licensed Health Care Provider Signature _____ Date _____ Phone Number _____