



Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**1. PARENT/GUARDIAN REQUEST**

I request that my child, \_\_\_\_\_, receive medication at school, as prescribed by \_\_\_\_\_, for the period from \_\_\_\_\_ to \_\_\_\_\_ or for 2020/2021 school year [ ] Check if applies.

**\*\*Medication shall be provided by parent/guardian in the original labeled container.**

**(Prescription and over-the-counter medications)**

Parent/Guardian: \_\_\_\_\_  
(Print) (Signature)

Date: \_\_\_\_\_ Phone \_\_\_\_\_

**2. PHYSICIAN ORDER**

Name of medication \_\_\_\_\_

Dosage in school \_\_\_\_\_ Time of Administration \_\_\_\_\_

Medication to be administered from \_\_\_\_\_ to \_\_\_\_\_ or for 2021/2022 school year [ ] Check if applies  
Date Date

Reason for Medication \_\_\_\_\_

Student able to self administer: in school [ ]; on **field trips** (Required) [ ], physician please check.

Relevant side effects: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Office Telephone Number \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

**3. MEDICATION AUTHORIZATION FOR FIELD TRIPS**

The administration of medication to students on field trips shall be done only when the student has a medical condition that may be adversely affected without medication. **This applies to both prescription and non-prescription (over-the-counter) medications.** The school nurse does not usually accompany students on field trips. **With parent and physician authorization, students will self-administer medications for the duration of the off-site school sponsored activity.** Parents will provide medication (prescription and over-the-counter) in original pharmacist labeled or manufacturer packages containing **ONLY** the exact dose required for the duration of the field trip.

**Parent/Guardian to complete:** (Must have physician order (section 2) or Emergency Health Care Plan, for each prescribed medication. Parent/Guardian must list any non-Rx medication for field trip below.)

Permission to Self-carry **Inhaler**: in school [ ]; on a field trip [ ] Yes \_\_\_ No \_\_\_ (Check all that apply)

Permission to Self-carry **Epi-pen**: in school [ ]; on a field trip [ ] Yes \_\_\_ No \_\_\_ (Check all that apply)

Name of Medication to be taken on field trip \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

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