St. Michael's Country Day School

2023/2024

Medication Orders: Consent to Administer & Field Trip

Student Self - Administration Permission

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 2023/2024 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 2023/2024 school year [ ] Check if applies
Date Date

Reason for Medication_____

Relevant side effects:_____

Name of Physician:_____Office Telephone Number _____

Signature of Physician_____Date_____

Student may self administer medication as ordered, on ***field trips,*** per state regulations [ ] (physician please check)

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) and/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 [ ] (Check all that apply)

Permission to Self-carry **Epi-pen**: In school [ ]; On a field trip [ ] (Check all that apply)

Name of Medication to be taken on field trip _____ Dose_____ Time_____

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