

	<b>Field Trip Medication Administration Form</b>	School Year: _____ Dates of Trip: _____
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Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Allergies: \_\_\_\_\_ Allergies require Epi Pen: Yes No

Parent name: \_\_\_\_\_ Parent phone number: \_\_\_\_\_

Emergency contact if parent unavailable \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Physician/Legal Prescriber \_\_\_\_\_ Phone number: \_\_\_\_\_

I request that school personnel see that my child receives the following medication(s):

<u>Name of Medication</u>	<u>Dosage</u>	<u>Reason for Medication</u>	<u>Days to be given</u>	<u>Time to be given</u>

I understand the medicine is to be furnished by the parent/guardian in the original container, labeled with the name of the student, the name of the medicine, the dosage to be given, and the time of day to be given. **Only send enough medication for the duration of the field trip.**

I will bring the medication to the school **at the time that the student departs** for the field trip.

I will not hold YOUR SCHOOL or the person designated to administer the medication on the trip liable for any adverse drug reaction when the medicine is administered according to the prescribed directions.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by School Personnel

Name of Student \_\_\_\_\_

<b>Prescription Medications</b>					
<u>Name of Medication</u>	<u>Reason Given</u>	<u>Controlled Y/N (count)</u>	<u>Date/Time given</u>	<u>Amount given</u>	<u>Given by/count with (initials)</u>
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			

<b>Non-Prescription Medications</b>				
<u>Name of Medication</u>	<u>Reason Given</u>	<u>Date/Time given</u>	<u>Amount given</u>	<u>Given by (initials)</u>

<u>Initials</u>	<u>Printed Name</u>	<u>Signature</u>

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