

Field Trip Medication Guidelines for Parents

If, in order to maintain sufficient health to participate in a school sponsored field trip, a student must be given medication the following guidelines must be followed:

- Whenever possible, parents shall seek permission from their physician to adjust the medication administration time.
- When a student is to participate on a field trip and requires the administration of medication, every effort should be made to accommodate the child's parent/guardian on the trip so he/she can administer the medication.
- If it is determined that a student will require the administration of medication while on a field trip, **parents will need to provide the following to the school nurse at least 3 days prior to the field trip:**
 - One dose of the medication in an appropriately labeled pharmacy bottle
 - Written direction stating time and dose of administration
 - Completion of the district's medication authorization form by a physician and signed by the parent if not already on file in the health room.
- On the day of the field trip, medication will be administered to the student as follows:
 - By the nurse at the regularly scheduled time if the student is in the building either prior to or after the trip, or at the adjusted time designated by the parent.
 - By the parent/guardian, at the designated time, if he/she is chaperone on the trip.
 - By the school nurse or RN or LPN at his/her medical direction, or Principal, or his/her designee who has been instructed by the school nurse or child's parent.

-Field Trip Medications will be kept in a locked cabinet in the nurse's office prior to having to be made available for trip departure.

 - My child may self-administer his/her inhaler medication as determined appropriate by the students' health care provider and school nurse, under the supervision of an adult chaperone who shall maintain the medication until needed by the student.

-Please sign here also if granting permission for your child to self-administer his/her inhaler medication

I request that the medication prescribed by my child's health care provider be administered in accordance with the foregoing guidelines and hereby delegate my parental authority to administer medication as I would to any other child care provider.

Name of Student _____ Date of Birth _____ Grade _____

Parent/Guardian
Signature _____ Telephone Number _____

Date signed _____ Emergency Number _____