

Pulaski High School
Overnight Field Trip Medication Authorization
(One medication request per form. Valid for the current school year)

PARENT/GUARDIAN REQUEST SECTION

Student Name: _____ Date of Birth: _____

School: _____ School Year: _____ Grade: _____

Parent / Guardian Name(s): _____

Telephone Number (Home): _____ Telephone Number (Alternate): _____

Name of Medication: _____

Form of Medication: Tablet/Capsule Liquid Other _____

Instructions: Dosage _____ Time to be given _____ Number of tablets sent _____

Start Date: _____ Stop Date: _____ As Needed: _____

I have reviewed medication dosing and administration directions/guidelines with my child and give permission for my child to carry and self-administer this medication unsupervised during overnight field trips if permissible according to the Pulaski High School Field Trip Medication Management guidelines (see over page).

- My child may self-carry & self-administer medication unsupervised
- No**, I would like the field trip staff to store and administer medications to my child

If Yes -

I, the student, agree to take responsibility for the safe storage, management, and self-dispensing of this medication as instructed by my parent and/or physician, I agree to record in writing when I have taken my medication as ordered. I have read and understand the guidelines for self-management of medications, and I will not share or administer my medications to any other students. I understand that failure to follow these rules may be a violation of the Pulaski Community School District ATODA Policy.

Student Signature: _____ Date: _____

I hereby release the Pulaski Community School District Board of Education and its agents, employees, and volunteer chaperones from any and all liability that may result from my child taking the medication identified on this form. I give permission for the school nurse to contact the physician named herein if any questions arise regarding the administration of this medication.

Parent Signature: _____ Date: _____

PHYSICIAN ORDER SECTION (only for prescriptions or OTC doses exceeding bottle recommendations)

I am prescribing medication for (patient's name) _____

Name of medication: _____

Reason for medication & possible side effects: _____

Form of medication: Tablet/Capsule Liquid Other _____

Instructions: Dosage _____ Time to be given _____

Start Date: _____ Stop Date: _____ As needed

I certify that the above-named student has been instructed and may carry and self-administer this prescription medication during overnight field trips if permissible according to the Pulaski High School Field Trip Medication Management Guidelines.

- Yes No

I agree to retain the power to direct, supervise, decide, inspect, and oversee the administration of this medication. Upon form review, the school nurse should contact me if any questions regarding this medication arise.

Physician Name/Signature _____ Telephone: _____ Date: _____

Pulaski Community School District
Field Trip Medication Management Guidelines for Pulaski High School

Instructions for completing the Medication Authorization Form

Your child will be going on an overnight field trip. Please review the information below concerning prescribed or over-the-counter medication brought

1. If your child already has paperwork on file for emergency medication at school, new paperwork does not need to be completed (such as Epipens and inhalers). If paperwork is already on file for other medications such as over-the-counter, daily medications, or other oral medications, new paperwork is needed **if** you want your child to self-carry and self-administer on the trip (see restrictions below.) Please contact the school nurse if you need copies of the paperwork already on file.
2. Since the trip is not during school hours, medication supplies already at school will **not** be brought along. It is requested that students bring their medication from the home supply. Contact the school nurse if you would like to make other arrangements.
3. There will **not** be any school-stocked over-the-counter medications available on trips. Parents will need to send medications if they want medications available for their child. **Appropriate paperwork must be on file before the medication can be given or used.**
4. All medications must have an authorization form completed.
 - Each medication must have its own separate form completed.
 - Over-the-counter (OTC) medications must have the top half of the form completed in detail by the parent, unless the dose or medication exceeds what is recommended for the child's age or weight, or is a natural/herbal/supplement product. In these cases, a physician's order is also required (bottom half of the form).
 - PRESCRIPTION medications must have both the top (parent) and bottom half (physician) parts of the form completed. A physician's authorization (signature) is required before prescription medication can be administered to your child.
5. All medications must be provided in their original containers (not expired), which include instructions for administration. Foil packs must include the box in which they came, including recommended dosing.
6. Over-the-counter medication bottles should have the student's name written on them.
7. **Please only send enough medication doses as needed for the trip. Include the amount sent on the form.**
8. Appropriate authorization must be on file and approved for students to carry and self-administer medications. **Certain medications may not be carried/self-administered by a student, such as:**
 - Controlled substances (e.g. Vicodin, Percocet, Codeine, ADHD/ADD medications, etc.)
 - Anxiety or relaxant medications (Ativan, Xanax, etc.)
 - Additional medications at the nurse's discretion that are at high risk for misuse
9. Medication Request Forms and Field Trip Permission Forms must be signed and returned to the field trip organizer/teacher.
10. **Prescription medication that cannot be self-carried or self-administered should be delivered to the school health office ten (10) school days before the field trip by a parent or guardian.**

Please contact the school health office with any questions (920) 822-6718