



**REQUEST FOR OVER THE COUNTER AND
PRESCRIPTION MEDICATION ON A FIELD TRIP**

I, the parent of _____, request that the medication prescribed by my child's physician be administered by the delegate selected by the Head of School, on the field trip to _____.

- 1) I understand a nurse will not be on the field trip.
- 2) I will provide a written doctor order detailing the diagnosis, the name of the drug, the dose, the time of day to administer, and the side effects that may occur.
- 3) I will provide the medication in the original container with the pharmacy label on it, and only the correct number of doses in the bottle.
- 4) The delegate will provide a secure location for the medication.
- 5) The delegate will keep a record of the administration of the medication.
- 6) I am aware the school bears no responsibility for ensuring the medication is taken.

Parent/Guardian

Date

****Physician's Medication Order (To be completed and signed by your pediatrician if medication is taken at home before and/or after the normal school day.)**

In order to protect the health of _____ it is necessary for her/him to have the following medication during a field trip.

Medication: _____

Dose: _____

Time to Administer: _____

Purpose of Medication: _____

List any possible side effects which might be expected: _____

Diagnosis: _____

Signature of Physician: _____ **Date:** _____

Print Name: _____ **Phone Number:** _____

**** DO NOT COMPLETE IF WE ALREADY HAVE YOUR CHILD'S
EPI-PEN, BENEDRYL, AND/OR INHALER MEDICATION FORMS**