

Your child has an upcoming overnight field trip. If your child will need any medications while on this trip, a *medication authorization form* needs to be filled out. Any prescription medications need the prescribing practitioner's signature as well.

- Be sure form is filled out completely.
- Be sure dosing and instructions are clear.
- All medications must be in non-expired, original bottle with label.
- Form must be signed by guardian for ALL medications.
- Form must be signed by medical practitioner (doctor, PA, NP, etc) if medication is a prescription.

For any other health concerns, please let the health office know so we can prepare. Our goal is to keep everyone healthy and feeling good so they can get the most out of this experience.

Thank you,

Lara Beranek, RN

Mandy Myszka, health aide

715-352-2858

Medication Consent Form

Overnight School Sponsored Trip--Grades 8-12

Name of student: _____ Date of Birth: _____

School: _____ Grade: _____

Complete this form if your child needs to take prescription or over-the-counter (OTC) medication during the Overnight School Sponsored Trip.

1. Parent/ guardian **and** physician signature is required for all prescription medication **including** self-carried emergency medication.
2. Parent/guardian signature is required for over-the-counter medications. A physician's signature is required if the dose needed of the over-the-counter medication **is more than** the recommendations listed on the label.
3. Prescription medication **MUST** be in the original labeled pharmacy bottle with student's full name, name of medication, dose and time of administration on the label and/or container.
4. Over-the-counter medication **MUST** be in the original container or single dose unit package. Write your child's name on the container.
5. Students are responsible for taking self-carried emergency medications - Epi-pens, inhalers and glucagon **with** physician's authorization.
6. **Students must notify a staff member if they use an emergency medication(s)**
7. **Students will be taken to the emergency room after using emergency medication such as Epinephrine, seizure rescue medication or Glucagon.**

MEDICATION INSTRUCTIONS

Medication(s)	Dosage	Times given	Specific instructions

Authorization to Self-Carry/Administer Medication

Student understands the correct use, dose and time to take medication

Yes **No**

I give my student permission to self-carry and administer medication

Yes **No**

OR

I give the school staff permission to carry and administer medication

Yes **No**

PHYSICIAN–PARENT/GUARDIAN CONSENT

I hereby give permission to staff as designated by the school nurse or principal to give the above medications to my child. I authorize the school nurse to contact the physician regarding the medication if necessary. Physician's signature directs the above medication administration and indicates his/her willingness to communicate if needed with staff regarding the medications. Physician signature is needed if student will self-carry and administer any medication. **Consent is valid for the duration of the trip.**

I give permission for Tylenol, Tums, or Benadryl given per package instruction if needed from school stock. **Yes** **No**

Physician's signature _____ Date _____

Parent/guardian signature _____ Date _____