Peters Township School District

OVERNIGHT FIELD TRIP MEDICATION FORM

Dear Parent/Guardian:

Your child is participating in _____ on _____. If it is essential that your child receive prescription medication and/or an over-the-counter (OTC) medication during this trip, your physician must complete this document. In order for your child to self –administer prescription medicine during the trip, this completed form and medication must be returned by the parent to the sponsor/coach.

All prescription medication must be in the **ORIGINAL, PHARMACEUTICAL** container. OTC medications must be in their original container. NO medication will be accepted in any other containers or without THIS signed form. NO hand written notes will be accepted. **Only the amount of medication needed for the length of time the student will be away from school, should be sent**.

The sponsor/coach will keep all medication in a sealed container. When student needs to take the medication, he/she will self medicate under the supervision of the sponsor/coach.

LICENSED HEALTHCARE PROVIDER STATEMENT

I am the licensed healthcare provider/physician for _____ and have
Student

prescribed the following medication(s): _____ in the

amount/dosage and time of administration as prescribed. _____

_____

☐ The child is qualified and able to self-administer the prescribe medication.

☐ The child has demonstrated proper knowledge and responsibility for taking the medication as prescribed**.**

☐ The following side effects may occur:_____

_____

Physician/Licensed Healthcare Provider **Date**

I give my consent for the medication prescribed by the physician to be self-administered by my child during the noted field trip. In consideration of the School District's agreement to use good faith efforts to follow the physician's instructions, I hereby release the Peters Township School District and its personnel from any liability associated with the administration of this medication. I understand and agree that any medical information may be shared with and between appropriate school and medical personnel. I understand that this consent is revocable with written, or if necessary, verbal notice, except to the extent that action has been taken in reliance thereon.

Parent/Guardian Signature **Date**

Revised July 19, 2016