

Sandwich Public Schools
Medication Administration Plan & Field Trip Consent

Student Name: _____

DOB: _____ Grade: _____ Teacher _____

Parent/Guardian Name: _____

Daytime telephone number(s) _____

Diagnosis: _____ Known Allergies: _____

Person to notify in case of medical / medication emergency: _____

Daytime phone number(s) _____

1. I request and give permission to the school nurse to give my child:
Medication: _____ Dosage: _____
Route: _____ Time of Day: _____
Prescribed by: _____ Date of Order: _____
Possible side effects: _____
Discontinue Date: _____ Refrigeration? Yes No
Other meds student takes at home: _____
2. I give permission for my child to self-administer their inhaler and/or epinephrine on a field trip (*requires physician's order*) if the nurse determines it is safe and appropriate. Yes No N/A
3. I give permission for my child's teacher _____, to administer the above medication on a field trip. Yes No
4. I understand that in the event of a field trip, this medication administration plan may need to be adjusted. **It is my responsibility to call the school nurse prior to a field trip to discuss the plan for administering this medication. Medication cannot be withheld without a written order from a physician.**
5. **I give the school nurse permission to share with appropriate school personnel information relative to their prescribed medication as is necessary for my child's health and safety** Yes No
6. I understand that I may retrieve the medication from the school at any time (after coordinating with the school nurse), and that the medication **will be destroyed** if it is not picked up within one week of the termination of the physician's order or by close of day on the last day of school.
7. I give my permission for my child's picture to be placed on the medication bottle / box for purposes of identification.
Yes No

All medications are stored in a locked medication cabinet or refrigerator in the Health Office. All medication is dispensed in the Health Office, unless delegated by the school nurse on a field trip. Medication may be given up to 30 minutes before or after the scheduled time.

Parent / Guardian Signature _____ **Date:** _____

School Nurse Signature: _____ **Date:** _____