

OVER THE COUNTER FIELD TRIP

Medication Authorization

West Carrollton School District

Name of Student: _____ Date of Birth: _____

Address: _____ School: _____ Class: _____

The administration of medication to students on field trips shall be done only when the student has a medical condition that may be adversely affected without medication. The student's teacher will be responsible for storing and administering medication on the field trip. If any medication is left over, it must be picked up after the field trip by an adult or it will be discarded.

Medications MUST be brought to school by an adult. Any medication must be in the original packaging and cannot be expired. Only send the amount of medication that your student needs to take during the field trip.

Medication: _____ Dosage: _____ Time(s): _____

Medication: _____ Dosage: _____ Time(s): _____

Medication: _____ Dosage: _____ Time(s): _____

Medication: _____ Dosage: _____ Time(s): _____

Medication: _____ Dosage: _____ Time(s): _____

Medication: _____ Dosage: _____ Time(s): _____

Precautions, special instructions, possible adverse side effects or other comments:

I request designated school personnel to administer the medication I have written above. I certify that I have legal authority to consent to medical treatment for the student named above. I release and agree to hold the Board of Education, its officials and its employees harmless from any and all liability foreseeable and unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Name: _____ Signature: _____

Date: _____ Emergency Phone Numbers: _____