

Dedham Public Schools
Out-of-State Field Trip Medication
Permission Form and Consent

Completion of this form by the student's parent/guardian is required for all medications that will be administered while traveling. All prescription and over-the-counter (OTC) medications must have an order signed by a doctor with the name of the medication, route, dosage, and time. The **ONLY** exception is for acetaminophen and ibuprofen, which will be administered at the school nurse's discretion with written parent/guardian permission. We ask that **ALL** medications necessary for your child be disclosed on this form.

All prescribed medications must be in the original pharmacy-labeled container, and (OTC) medications must be in their original packaging. While on the trip, it is the student's responsibility to go to the school nurse/designated personnel for their scheduled medication administration. We require that all medications, especially controlled substances, be kept with school nurse/personnel attending the trip. We want to ask that only the exact amount of medication necessary for the trip be provided.

**ALL MEDICATIONS AND ORDERS MUST BE DROPPED OFF TO THE HEALTH OFFICE BY A
PARENT/GUARDIAN BY MAY 23, 2023!**

Student Name: _____ Date of Birth: _____

Allergies ☐ Yes ☐ No

If yes, please list **all allergies** (meds, food, environmental, etc):

give permission for my student to receive: ☐ acetaminophen (Tylenol) ☐ ibuprofen (Advil/Motrin)

Prescribed Medications

Medication: _____	Diagnosis: _____
Dosage: _____	Route: _____
Administration Time _____	_____

Medication: _____	Diagnosis: _____
Dosage: _____	Route: _____
Administration Time _____	_____

Medication: _____	Diagnosis: _____
Dosage: _____	Route: _____

Administration Time

Medication:

Dosage:

Administration Time

Diagnosis:

Route:

Parent/Guardian Acknowledgement:

By signing below, I acknowledge the following:

- The only medication(s) my student will take are disclosed on this form.
- I understand that no medication prescribed or OTC (unless acetaminophen or ibuprofen) will be administered or allowed on the trip unless a doctor's order is given to the school nurse before the trip (by 5/23).
- I understand my student will be responsible for carrying and administering his/her/their own Epi-Pen and/or inhaler if approved by the school nurse and myself.
- If my student takes a controlled substance and/or OTC meds, the school nurse/personnel will hold on to and administer this medication.
- I acknowledge that I have reviewed the indication, dose, route, and time of **ALL** medication(s) with my student.
- I understand that the school personnel are **not responsible** for any problems arising from taking medications, their side effects (if any), or the omission of medication.
- I understand that I will be contacted by school personnel if my student doesn't comply with this agreement, and my student may have to come back early from the trip

Student Acknowledgement:

As a student, by signing below I acknowledge the following:

- 2.) I have reviewed with my parent/guardian the prescribed medication(s) on this form.
- 3.) I understand the indication, dose, route, and time of the medication(s) prescribed to me.
- 4.) I agree to **never share** medication(s) with another student.
- 5.) I agree to alert school nurse/personnel if there are side effects from the medication
- 6.) I agree to present to school personnel for any scheduled medication administrations
- 7.) I understand that if I do not comply with this agreement my parents/guardian will be contacted and I may have to return early from the trip.

ALL MEDICATION AND ORDERS MUST BE DROPPED OFF TO THE HEALTH OFFICE BY MAY 23, 2023!

Required Signatures:

Parent/Guardian:

Student:

School Nurse:

Date: _____

Date: _____

Date: _____

