



Lower Merion School District

301 East Montgomery Ave.

Ardmore, PA 19003-3399

Phone: 610-645-1829 ♦ Fax: 610-645-9679 ♦ www.lmsd.org

Medication Planning Form (LM29)

High School

For Field Trips, Community Based Instruction, Athletic Activities and other School Sponsored Events

Dear Parent/Guardian,

If your child will need medication (prescription or over-the-counter medication) while on the field trip or other school sponsored event, please complete page 2 of this form and return by 11/20/2017.

Please contact the school nurse at berryp@lmsd.org with any questions about medication policy or this form. Medication forms 28c and 28d are attached for your convenience. Completed medication forms (28c, 28d) already in place in the nurse's office for medications given during the school day are acceptable if the medication given on the trip will be the same time and dosage as currently given. Medication forms must be completed for any medication not already administered during the school day.

If your child has a life-threatening allergy or other serious health condition, it is extremely important that you discuss the management of your child's health needs on the trip with the School Nurse and with the teacher in charge of the trip well in advance.

School District Policy 210 permits administration of medications (prescription and "over the counter") with written request and directions from the Licensed Prescriber and written permission from the parent/guardian. Form LM 28c Medication Administration Request and Consent Form and form LM 28d (if applicable) must be completed.

Students may not carry or keep in their possessions, any medication including "over-the-counter" medication with the following exceptions:

Exceptions are made for the student to carry and self-administer the following emergency medications if the Licensed Prescriber has completed forms LM 28d in addition to form LM 28c and the completed forms are on file with the school nurse:

- Rescue type asthma inhaler (ex: Ventolin, Albuterol, Proventil)
- Medication for life threatening allergy (ex. Epi-pen)
- Diabetes medication and supplies (ex: Glucagon, glucose tablets, glucometer)
- Students in grades 9 - 12 may carry and self-administer two doses of Ibuprofen (Advil) or Acetaminophen (Tylenol) without orders from the licensed prescriber. The 2 doses of over-the-counter Ibuprofen or Acetaminophen must be in the original labeled container and may not be shared with any other student.

Teachers and school staff (other than licensed nurses) may not administer medication with the exception of Epi-pen for life threatening allergies and glucose tablets or Monogel in a diabetic emergency.

Keep this page for your records.

Medication Planning Form (LM29)
Harriton High School and Lower Merion High School
For Field Trips, Community Based Instruction, Athletic Activities and other School Sponsored Events

Date(s) of Trip: March 1-5, 2018

School that the Field Trip or Class Trip is leaving from: Lower Merion High School

Destination of Field Trip or Class Trip: Orlando, FL

Please complete and return by 11/20/2017 to:

Mr. Hunnex, Mr. Datsko, or Mrs. Villante

It is the responsibility of the parent/guardian to deliver all medications needed for your child no later than four days prior to the departure of the trip.

1) My child will require medication on the trip Yes No

If you checked "yes" and your child will require medication on the trip, please complete the following:

a) My child requires one of the following **emergency** medications Yes No
(Epi-pen, rescue type asthma inhaler, medications or supplies for diabetes)

Name of medication(s):

b) My child will require other medication (prescribed or "over the counter"): Yes No

Name of medication(s):

Please contact the School Nurse or _____ to make sure necessary forms have been completed (ex. LM form 28c).

2) I will be able to attend the trip to administer the prescribed medication(s): Yes No

If parent/guardian is unable to attend, a licensed nurse will be requested to attend the trip to administer necessary medication upon completion of forms LM 28c.

Name of Student: _____ Grade: _____

School student attends: _____

Name of Parent/guardian (print): _____

Signature of Parent/guardian: _____ Date: _____

*Deliver all medications needed for your child **no later than four days prior** to the departure of the trip.
For the safety and well-being of your child, no medications and/or forms will be accepted on the day of the trip.*