



Kamiak Performing Arts Boosters

EXTENDED TRIP MEDICATION AUTHORIZATION

One form per medication PLEASE PRINT (Prescription and Non-Prescription)

Student: _____ DOB: _____ Grade: _____

Medical Chaperone(s): _____ Trip Date: _____ Location: _____

Health care provider complete this section

③ Medical Diagnosis or reason for medication: _____

③ Name of Medication: _____ Dose: _____

③ Daily As Needed Time/Directions: _____

If medication is to be given as needed, describe indications: _____

Possible Side Effects: _____

Is child allowed to possess and self-administer above named asthma or anaphylactic medication?

_____ Yes, I have trained this student in the purpose and appropriate method and frequency of use as per RCW 28A.210

_____ No

Licensed Prescribing Health Professional Signature Title Date

Printed Name: _____ Address: _____

City/Zip: _____ Phone No. _____ FAX No. _____

This information must be typed or printed to be valid per state law

Parent/ Guardian Complete This Section

If a student must receive medication which includes prescription and non-prescription medications such as Tylenol and Advil while on an extended field trip, the parent/guardian must submit this written request and authorization. Written directions from the licensed health care provider prescribing within the scope of his/her prescriptive authority must be included. Each medication must be provided in the original container with the child's name. If for any reason the medical chaperone questions the identification/instructions of the medicine presented, the medical chaperone has the authority to withhold administration of the medicine until clarification of the identification/instructions. The medical chaperone will substantially comply with the schedule of administration indicated by the licensed health care provider. By signing below parent/guardian agrees that due to trip schedules and other factors, administration of dosages may be interrupted.

Students requiring epinephrine injections for life threatening conditions (i.e. severe allergic reaction to bee stings or foods) shall provide the medical chaperone with EpiPen injectable medication. Please inform us ahead of time so that medical chaperones can be trained to be of assistance to your child. Students with asthma may carry and use their own inhaler only with written permission from a licensed health care professional.

I request that my child be allowed to carry and self-administer his/her prescribed asthma or anaphylaxis medicine recognizing that RCW 28A.210 requires the student to demonstrate to the medical provider/designee and medical chaperone the skill level necessary to use the medicine and any device necessary to administer it as prescribed.

Having read the above, I hereby request that medication be carried during air and land travel, stored and administered by a designated medical chaperone during the term of this field trip. Further, I will hold the Kamiak Performing Arts Boosters, medical chaperones and/or school personnel harmless from any liabilities that might result from administering the medication, lack of administering the medication or self-administration of asthma or anaphylactic medication.

Parent/Guardian Signature Date Phone No.