Park School
Overnight Field Trips & Foreign Travel

Request to Administer Medication/Treatments

Dear Parent/Legal Guardian:

To request medication administration on an overnight field trip or foreign travel:
-This form must be completed and signed by the parent and the students' health care provider.
-The medication must be in the original pharmacy container labeled with the students name, prescribers name, name of medication, dosage, route, prescription date, and expiration date.

Health Care Provider's Order

Your patient will be participating in a trip to _____ from _____ to _____. Please indicate below any ***prescription and/or over-the-counter medications*** and/or medical treatment(s) that your patient will need on the trip. The school nurse will review the orders and provide training to unlicensed school staff on the trip.

Name of Student:_____ Date of Birth:_____ Grade:____

Health History:

1. Does your child have a serious allergy to a food, insect sting and/or drug? _____
2. Does your child have any special dietary considerations? _____
3. Provide other important health related Information about your child. _____

Medications:

Drug Name or Treatment Required	Dosage, Frequency, Route	For What Condition	Is student able to administer this independently?

Prescriber's Name/Title:_____
Address: _____ Telephone:_____
Prescribers Signature:_____ Date: _____

Parent/Guardian Authorization
I request that my Park student (if granted permission by physician) oversee the administration of the medication(s) as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above. I understand that a school nurse will not be on this trip.

Parent/Guardian Signature:_____ Date:_____
Phone #:_____