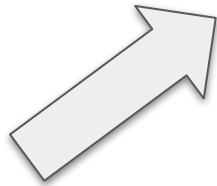


Return this form ONLY if medication must be administered AT CAMP



Anna ISD

STUDENT HEALTH SERVICES

Extended Field Trip Medication Administration Permit

(Duration Longer than One Normal School Day, Overnight, or Multiple Days)

When a field trip extends beyond the normal school day, it may become necessary for a student to be given a medication that is normally given at home. The school nurse or other trained non-healthcare personnel may administer medication when such treatment is necessary for field trip attendance. Please provide any information and medication needed for the field trip.

Name of School: _____ School Year: _____ Destination: _____

Field Trip Start Date/Time: _____ End Date/Time: _____

Prescribed medication:

- No medications new to the student are to be sent on trips.
- Only the number of doses of medication to be used during the duration of the field trip must be brought in by parent in original container, properly labeled by the pharmacy. Parents must supply any special equipment necessary to administer medication.
- Medication will not be given without specific written request signed by parent/guardian.
- Medication must be turned in to the event sponsor, with the exception of inhalers/epi pens/diabetic supplies that physician may deem necessary for student to carry on their person. In this case, a medication permit signed by the physician must already be on file in the school health clinic. All rules regarding medication given at school still apply. The sponsor and parent/guardian will count medication together and initial the count.

Over-the-counter medications:

The medication can only be given as directed by the manufacturer and must be FDA approved. Medication must be sent in the original, properly labeled container. Medication must be age/weight appropriate. Please do not send large bottles of medication.

End of the field trip:

All left over medication must be picked up from the event sponsor by the parent or designated adult. Any medication that is not picked up after the field trip will be disposed of by the school nurse.

STUDENT INFORMATION			
Name	DOB	Grade	Teacher/Advisor
MEDICATION			
1. Medication Name _____	Diagnosis/Reason for Medication _____	Count _____	Initials _____
Medication Dose _____	Route _____	Time _____	Time _____
2. Medication Name _____	Diagnosis/Reason for Medication _____	Count _____	Initials _____
Medication Dose _____	Route _____	Time _____	Time _____
3. Medication Name _____	Diagnosis/Reason for Medication _____	Count _____	Initials _____
Medication Dose _____	Route _____	Time _____	Time _____
PARENT AUTHORIZATION			
			Date: _____
I request that the above medication(s) be administered by school personnel to my child, _____.			
PARENT/GUARDIAN SIGNATURE: _____		Phone # _____	
ALTERNATE CONTACT: _____		Phone # _____	

Activity Sponsor: _____ School Nurse: _____ Clinic Phone # _____