

**Sandwich Public Schools  
Medication Administration Plan & Field Trip Consent**

Student Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

**Person to notify in case of a medication emergency:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. I request and give permission to the school nurse to give my son/daughter:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Route: \_\_\_\_\_ Time of day: \_\_\_\_\_

Prescribed by: \_\_\_\_\_ Date of order: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Discontinue Date: \_\_\_\_\_ Refrigeration?:  Yes  No IHCP?:  Yes  No

Other meds student takes at home: \_\_\_\_\_

2. I give permission for my son/daughter to self-administer their inhaler on a field trip if the nurse determines it to be safe and appropriate.  Yes  No

3. I give my permission for my child's teacher, \_\_\_\_\_, to administer the above medication on a field trip.  Yes  No

4. I understand that in the event of a field trip, this medication administration plan may need to be adjusted. **It is my responsibility to call the school nurse prior to a field trip to discuss the plan for administering this medication.**

*This medication may be withheld (not given) on the day of the field trip.*  Yes  No

5. I give the school nurse permission to share with appropriate school personnel information relative to the prescribed medicine as she/he determines necessary for my child's health and safety.  Yes  No

6. I understand that I may retrieve the medicine from school at any time, and **that the medication will be destroyed if it is not picked up within one week following the termination of the order or the last day of school.**

7. I give my permission for my child's picture to be placed on the medication log sheet for the purpose of identification.  Yes  No

***All medication is stored in the locked medication cabinet or refrigerator in the Health Office. All medication is dispensed in the Health Office, unless delegated by the school nurse on a field trip.***

Medication may be given 30 minutes before or after the scheduled time, or at an alternate time if the school schedule or activities change.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_