

FENN

Field Trip Medication Permission Form and Consent

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

Trip Destination: _____ **Dates of Duration:** _____

Completion of this form by the student's parent/guardian is required for all medications being dispensed during the field trip, including epi-pens and inhalers. **If you are not sending medication on the trip, you do NOT need to complete this form.** All medications necessary for the above named student (the "Student") to take on the trip must be disclosed on this form. Under Massachusetts Regulations 105 CMR 210.000, et seq., a licensed nurse or delegated unlicensed designee must have a medication order from a licensed prescriber for any prescription medication administration. We are able to accept FDA approved medications without a prescriber's order for short term use. Our school physician has provided orders for the following common over-the-counter medications: Ibuprofen, Tylenol, Benadryl, and TUMS, and there will be a stock supply of these medications on the trip.

- All prescribed medication must be in the original pharmacy labeled container in the exact amount needed for the trip. We ask that only essential medications be sent on the trip.
- Over-the-counter medication must be in its original packaging labeled with the student's name. We can only accept FDA approved over-the-counter medications.
- The school nurse or designated school personnel attending the trip will keep the medication in their possession.
- Students with inhalers, epi-pens, and diabetes emergency supplies must bring their own from home and will keep these on their person at all times. School personnel will have a back-up stock supply of epi-pens. Fenn will not send the Student's medication stored in the Health Office on the trip. Please complete this form for the above named medication being brought from home.
- It is the responsibility of the Student to present to the school personnel for their scheduled medication administration. We will provide discreet reminders.
- All medication and consent forms need to be delivered in a clearly labeled and sealed bag at the specified time prior to departure.

Medication Information:

1. Medication: _____ Diagnosis: _____
Dosage: _____ Route: _____ Time: _____
Special instructions/information: _____

2. Medication: _____ Diagnosis: _____
Dosage: _____ Route: _____ Time: _____
Special instructions/information: _____

3. Medication: _____ Diagnosis: _____
Dosage: _____ Route: _____ Time: _____
Special instructions/information: _____

Parent/Guardian Acknowledgement:

By signing below, I acknowledge the following:

- The only medications the Student will have on this trip are acknowledged on this form.
- The Student must see school personnel for administration of all medication.
- I give permission for the school nurse or designee to administer the medication listed on this form.
- If the Student carries an epi-pen, inhaler or diabetes emergency supplies, the Student is responsible for carrying it on his person at all times. School personnel will have a back up.
- I understand that school personnel will contact me if there are issues with medication on the trip.

Student Acknowledgement:

By signing below, I acknowledge the following:

- I have reviewed the medication listed on this form with my parents/guardian.
- I agree to present to school personnel for all scheduled and “as needed” medication.
- I agree to alert school personnel of any side effects or health concerns I am experiencing.
- I agree to be responsible for having my epi-pen/inhaler and diabetes emergency supplies on my person at all times.
- I understand that my parents will be contacted if there are any issues with medication on this trip.

Required Signatures:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Student Signature: _____ Date: _____

Student Name: _____

School Nurse Signature: _____ Date: _____

School Nurse Name: _____ Date: _____

In the event of an emergency, please call:

1. Name: _____ Relationship: _____ Tel: _____

2. Name: _____ Relationship: _____ Tel.: _____

