



OVERNIGHT FIELD TRIP  
MEDICATION ADMINISTRATION PROCEDURE AND PERMISSION FORM

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ TRIP: \_\_\_\_\_  
DATES OF TRIP: \_\_\_\_\_ TRIP ADVISOR: \_\_\_\_\_

Dear Parent/Guardian:

All students participating in an overnight school field trip and requiring medication (both non-prescription & prescription) must adhere to the following regulations:

1. The administration medication to students may **ONLY** be provided by the following authorized individuals: school district employed school nurse (or substitute school nurse employed by the school district), teacher/coach or the student's parent.
2. A student is allowed to self-administer asthma inhalers and Epi-pens with complete and accurate documentation provided (these forms can be obtained through your school health office).

"Medication" refers to a wide variety of substances approved by the Federal Food and Drug Administration (FDA) including but not limited to: all prescription medications and over the counter medications.

**Students are NOT permitted to carry medications. (exceptions: see #2 above)**

To determine required staffing needs ALL students participating on the above field trip **MUST** complete the bottom of this form and return to their trip advisor by: \_\_\_\_\_.

Date

**I have received the letter which explains the policy and procedure for medication administration to students.**

- ☐ I anticipate that my child **WILL NOT NEED** any medication on the above listed trip.
- ☐ I anticipate that my child **WILL NEED** medication(s) on the above listed trip. I understand it is my responsibility to contact the school nurse to discuss the medications my child will need on the trip.

These medications include: \_\_\_\_\_  
\_\_\_\_\_

**The appropriate medication administration forms can be obtained directly from your School Nurse, or on the District Website; under Central office; Health Services.**

\_\_\_\_\_  
Signature of Parent/Guardian

Phone: \_\_\_\_\_ Dated: \_\_\_\_\_