

# West Salem School District Medication Form for Overnight Field Trips

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

**Prescription Medications require Physician signature. Non-prescription meds do not.**

1. Name of Medication \_\_\_\_\_

Dose: \_\_\_\_\_

Time/Frequency \_\_\_\_\_

Condition for taking medication: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_

2. Name of Medication \_\_\_\_\_

Dose: \_\_\_\_\_

Time/Frequency \_\_\_\_\_

Condition for taking medication: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_

3. Name of Medication \_\_\_\_\_

Dose: \_\_\_\_\_

Time/Frequency \_\_\_\_\_

Condition for taking medication: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian Consent:

- I hereby grant permission for my son/daughter to receive the above medications while on the field trip, as ordered, and authorize school personnel to contact my child's physician if necessary.
- I agree to provide the school with the medication in its original, properly labeled container.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

## Student's Consent:

- I will be responsible for obtaining my prescription medications from the designated chaperone. I will not give or sell my medications to other students and if found doing so will accept the consequences.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## West Salem School District Overnight Field Trip Form

Bus # \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### In planning for your child's safety when on the overnight field-trip to

\_\_\_\_\_ ,  
Location of Trip  
on \_\_\_\_\_ , the following health and medication information is needed.  
Date of Trip

#### Student Information:

Student's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Mom Work Number \_\_\_\_\_ Dad Work Number \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Insurance Numbers \_\_\_\_\_

My son/daughter has the following health conditions: (For example: Asthma, Migraines, Diabetes, Seizures)

Please Specify: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Other concerns (sleep walking, enuresis): \_\_\_\_\_

Below are suggested medications your child might need on the trip. If your child has paid for the availability of unit dose medication, **these meds will be provided**. If not, please send a SMALL bottle of any medication your child can receive, and list the medication on the back of this form. If there is any medication you do not want your child to receive please cross it off the list below. All medication (prescription and non-prescription) must be turned in to Mrs. Clements, RN, school nurse, prior to departure.

Acetaminophen (Tylenol or its equivalent) *For headache, discomfort, fever*

Loperamide (Imodium or its equivalent) *For diarrhea*

Ibuprofen (Advil, Motrin, or its equivalent) *For headache, discomfort, fever*

Dimenhydrinate (Dramamine or its equivalent) *For motion sickness, nausea, vomiting*

Diphenhydramine (Benadryl or its equivalent) *For allergic reaction, rash*

TUMS (or equivalent) *For upset stomach, heartburn*

Please mark one of the following:

I **do not** give permission for my son/daughter to take any prescription or over the counter medications at any time during the field trip.

I **do** give permission for my son/daughter to take his/her prescription medications as ordered and any over the counter medications as needed during the field trip, knowing that all medications will be administered to my child by a designated chaperone.

We give our consent for the above student to participate in the designated field trip. We authorize any duly qualified and licensed physician and / or surgeon to perform any and all medical services that he/she may deem necessary, in the event that such emergency treatment is required. We expect that every effort will be made to contact us as soon as possible.

Parent/legal guardian signature \_\_\_\_\_

Date \_\_\_\_\_