



REQUEST FOR MEDICATION ADMINISTRATION DURING FIELD TRIP

- **Please complete one form for each prescribed and/or over-the-counter medication.**
- **A physician's signature is required for both prescription and over-the-counter medications.**
- **Please print this form and deliver it, along with the medication and other permission slips, to the trip chaperone.**

I, the parent/guardian of _____, request that the medication indicated below be administered by a delegate selected by the Head of Division, on the trip to _____ on (date/s) _____.

1. I understand that a nurse will not be present on the field trip.
2. No students are permitted to self-carry or medicate any prescribed medication and/or over the counter (OTC) medication except Epipens and/or inhalers.
3. I will provide the prescribed medication or OTC in the original container labeled with my daughter's name. The original container will contain the correct number of doses, plus two extra.
4. The delegate will provide a secure location for the prescribed medication or OTC.
5. The delegate will keep a record of the administration of the prescribed medication or OTC.
6. I authorize school employees, including trained non-medical school employees, to administer or assist in the administration to student of the prescribed medication or OTC listed below as ordered by the signing physician.
7. Stuart and its employees shall incur no liability, and I agree to indemnify and hold harmless Stuart and its employees against any claims that may arise, relating to the administration, general supervision, training, or administration in respect of student.

Medication: _____

Dose: _____ Route: _____

Time(s) to administer: _____ Date(s) to administer: _____

Diagnosis: _____

List any possible side effects that might be expected: _____

Physician's Signature

Date

Parent Signature

Phone number

Print Name

Phone Number