

# HEMPFIELD AREA SCHOOL DISTRICT

## Medication Form for Field Trips - Elementary & Secondary

**Directions: Teachers are to send this form home to those students whose parents have indicated a need for medication on the Day or Overnight Field Trip Permission Form.**

Parents/guardians of students (grades K - 12) who need to receive medication during the school day may choose from the following options for field trips:

- Arrange an adjusted time with the school nurse for the medication to be given (before or after the field trip.)
- Choose to have the child not receive his/her medication on the day of the field trip.
- Approve the student self-administering the medication, (only if certain criteria are met.)
- Have their child remain at school and not go on the field trip.

**I have read the options related to medication and field trips. I choose the following for my child:**

\_\_\_\_ I will arrange an adjusted time with the school nurse for the medication to be given to my child either before or after the field trip.

\_\_\_\_ I choose **NOT** to have my child receive his/her medication on the day of the field trip.

\_\_\_\_ I prefer to have my child remain at school and not go on the field trip.

\_\_\_\_ I give permission for my child to have a duly authorized agent of the school district administer his/her medication on the field trip on \_\_\_\_\_(date).

\_\_\_\_ I permit my child to self-administer his/her medication on the field trip on \_\_\_\_\_(date).

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time(s) to be taken \_\_\_\_\_ on field trip/in school activity.

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date