



## Field Trip Medication Form

All medications that accompany a student on a field trip must be submitted by the field trip deadline, along with this form. We appreciate your cooperation in abiding by the mandates required by the State and approved by Noah Webster school administrators as follows:

1. All medications must be in their original container. Prescription medication must have a pharmacy label on it. Over the counter (OTC) medications must be in their original packaging as well (i.e. a blister pack without a box or cough drops in a Ziploc is not allowed.)
2. Sufficient medication must be provided for the duration of the field trip. The student's name, the name of the medication, and the amount to be administered, must be on the bottle and/or prescription label. Please specify the time of the first dose, as we often do not know if morning medications have been given prior to field trip departure at home.
3. Please DO NOT send medication in with students. **No student will be permitted to have any medication in his or her possession at any time.**
4. The parent agrees to provide an extra properly labeled prescription bottle when needed for field trips. If an extra prescription bottle is not provided, health office staff will send the school bottle with its entire contents unless other arrangements are made.

---

Field Trip Location \_\_\_\_\_ Date of Trip \_\_\_\_\_

While on this field trip, a designated Noah Webster employee has my permission to administer to my child the following medication(s). If several, please attach list including all allowable over-the-counter drugs and prescriptions.

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

Medication 1: Condition/Ailment \_\_\_\_\_

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

Time and Amount to be Given \_\_\_\_\_

Medication 2: Condition/Ailment \_\_\_\_\_

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

Time and Amount to be Given \_\_\_\_\_

Medication 3: Condition/Ailment \_\_\_\_\_

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

Time and Amount to be Given \_\_\_\_\_

Further, I understand that if an emergency should arise paramedics will be called; the cost of this service would be my responsibility.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_