



## ROME CITY SCHOOL FIELD TRIP MEDICATION FORM

This form must be completed and signed by the student's parent/guardian for all prescription, over-the-counter, homeopathic, and herbal medications. A new form is required for each overnight field trip. A separate form must be completed for each medication.

Only students already self-carrying and self-administering as noted on their medication order form can self-carry/administer medications on an overnight field trip. If the student is allowed to carry their medicine and shares the medication with another, the student will lose the privilege of carrying the medicine and will be subject to disciplinary action under the Drug and Alcohol Policy.

The medication must be brought to school by a parent/guardian or designated responsible adult one week prior to the field trip. All medications must be in their original container and clearly marked for the particular student.

### MEDICATION INFORMATION:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Route (oral, inhaled, injected, etc.): \_\_\_\_\_ Strength: \_\_\_\_\_ Dosage (time, amount): \_\_\_\_\_

Side Effects: \_\_\_\_\_

If "as needed", for what symptoms: \_\_\_\_\_ If "as needed", frequency: \_\_\_\_\_

**Note:** a student may not carry medications at any time. However, because of a serious medical condition, a student may need to carry an inhaler for asthma or auto-injector epinephrine for severe allergic reactions.

Student has permission to carry/self-administer this emergency medication Yes \_\_\_\_ No \_\_\_\_

Prescribing Health Care Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN AUTHORIZATION:

I request designated school personnel to administer the medication as described above. Parent/Legal Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ADMINISTRATION RECORD

Date	Time	Initials	Date	Time	Initials