



Cook County Schools Health Office
 Alexandria Ermatinger, Registered Nurse
 Phone 218.387.2271 ext. 116



MEDICATION AUTHORIZATION FOR OVERNIGHT FIELD TRIPS

This form is to be completed if:

- A student requires medication while on an overnight field trip.
- The parent or guardian is NOT chaperoning.
- Form F-1 Overnight Field Trip Authorization and Student Health History is complete.

***To be completed by the parent or guardian**

Student Name: _____ Birthdate: _____
 Grade: _____ Teacher: _____

Please list medications that will be needed on the overnight field trip:

Medication	Dose	Route	Description of Medication: (ex. white tab with X)	Times to be given:	Special Instructions

Any prescription or nonprescription medication to be given to the student must:

- * Be in the original container
- * Have the correct information on the pharmacy label.
- * Be the exact dosing required for student administration. (Ex. 1 tab/day x 2 days = 2 tabs provided.)
- * Be delivered to the school health office by the parent or guardian at least 5 school days prior to leaving on the overnight field trip.

Parents/guardians understand that the school nurse will not be present on the overnight field trip. By signing below, I give permission for health office staff to delegate medication duties to adult responsible parties chaperoning field trip.

Parent/Guardian Signature _____ Date _____

This form has been reviewed by ISD 166 teaching staff:

(Signature) _____ (Date of Review) _____

If medical condition or medication was indicated, Health Office staff was notified (circle one): **Yes** or **No**

Health Office Staff Notified _____ Date Notified _____