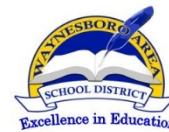


Waynesboro Area School District Medication Form for Overnight Field Trips



Waynesboro Area Sr. High School (x1241)
Hooverville Elementary School (x1541)

Waynesboro Area Middle School (x1341)
Mowrey Elementary School (x1641)

Fairview Elementary School (x1441)
Summitview Elementary School (x1841)

Your child may not receive medications during the trip unless this form is completed and returned. **This medication consent form must be filled out and properly signed if you send prescription AND/OR over the counter medication with your child.** Medication must be in the original labeled container with the proper prescription. Please fill out this form and have your doctor sign below. All medication must be given to the nurse prior to leaving for trip.

A DOCTOR'S SIGNATURE IS REQUIRED TO ADMINISTER PRESCRIPTION AND/OR OVER THE COUNTER MEDICATION

Prescription/Over the Counter Medication

Student's Name: _____

Period of Administration _____ to _____ (specific dates)

Name of Drug _____

Dosage/amount _____

Specific time of administration _____

Any comments regarding administration? _____

Why is this drug being given? _____

What side effects might be expected? _____

Is student capable of self-administration? [☐] Yes [☐] No

Doctor's Signature

Date

Parent/Guardian's Signature

Date