

AISD OVERNIGHT FIELD TRIP PARENT/GUARDIAN AUTHORIZATION OF MEDICATION

(Complete one form for each medication)

Student Name: _____ ID# _____ Birth Date: _____

School Name: _____ Teacher: _____ Grade: _____

Children's AISD Student Health Services and AISD require the following:

- Parent/Guardian written authorization for medication administration on field trip (this form)
- Medication in the original, properly labeled container (name of medicine with strength, dosage and directions; name of prescribing physician who is licensed in Texas; current date)
- Medication prescription label contains the student's first and last name
- Non-prescription medication dosage must agree with manufacturer's recommendations or a physician's order will be required.
- The first dose of this medication for the current condition/illness **may not be given on the field trip (unless it is an emergency medication (e.g., EpiPen, Glucagon, Diastat, etc.)).**
- **Asthma inhalers may be carried and self-administered, if approved by parent and physician.**

Please complete the following:

Medication Name and Strength	Dosage	Time(s) to be Given on Field Trip	How it is Taken (mouth, eye, ear, nose, tube, on the skin, etc.)	Reason/ Medical Condition for which Medication is given	Expiration Date	Additional Comments

When should the first dose of this medication be provided on the overnight field trip? _____
Date and Time

When should the last dose of this medication be provided on the overnight field trip? _____
Date and Time

When was the very first dose of this medication given for this illness/condition? _____
Date and Time

1. I request that the above medication be given during the overnight field trip as ordered by this student's physician.
2. I release school personnel from liability in the event adverse reactions result from taking the medication.
3. I will notify the school of any change in the medication, (dosage change, time change, etc.).
4. I give permission for the medication to be given by school personnel, as delegated by the Principal.
5. My child _____ **may/may not** carry the medication home when the overnight field trip is over.
(Circle One)

Please Note: With the exception of inhalers, Elementary school students may not carry medication home; they must be transferred from adult to adult. If you have any questions, please contact your school nurse.

Parent/Guardian Printed Name Day Phone Home Phone

Parent/Guardian Signature Date Relationship to Student