



REQUEST FOR MEDICATION ON A FIELD TRIP

I, the parent of _____, request that the medication prescribed by my child's healthcare provider be administered by a delegate selected by the Head of School, on the field trip to _____.

- 1) I understand that a nurse will not be on the field trip.
- 2) I will provide a written order from a healthcare provider detailing the diagnosis, the name of the drug, the dose, the time of day to administer, and the side effects that may occur.
- 3) I will provide the medication in the original container with the pharmacy label on the bottle, and only the correct number of doses in the bottle.
- 4) The delegate will provide a secure location for the medication.
- 5) The delegate will keep a record of the administration of the medication.

Parent/Guardian

Date

Physician's Medication Order

In order to protect the health of _____ it is necessary for him to have the following medication during a field trip.

Medication: _____

Dose: _____

Time to Administer: _____

Diagnosis: _____

Purpose of Medication: _____

List any possible side effects that might be expected: _____

Signature of Healthcare Provider: _____ **Date:** _____

Print Name: _____ **Phone Number:** _____