



## 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

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### 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:** \_\_\_\_\_