

Oregon Episcopal School Permission for Administering Medications on Trips

Please affix student photo here if available

Trip to: _____ Dates: _____

Children sometimes need to receive medications while on field trips. Requirements for medication administration vary by division.

- Lower School: All medication must be administered by an adult.
- Middle School: Students may carry inhalers/Epipens/migraine meds only; other medications must be administered by an adult.
- Upper School: Students may carry most medications except prescription pain medicines, psychiatric medications, learning disorder medications.

Please document on this form all medications that your child will be taking while on the field trip and which need to be administered by an adult as outlined above. Two medications per sheet can be listed.

- **PRESCRIPTION** medications require written instructions from a physician **and** written permission from the parent or guardian. This requirement is met by filling in the information below and bringing the medicine in **the original pharmacy container labeled with the child's name, dosage and frequency to be given.**
- **NON-PRESCRIPTION** medications require only written permission from the parent or guardian. **This requirement is met by filling in the information below. Medication must be in the labeled commercial container.**

Child's Name: _____ Birthdate: _____ Grade: _____

Name of medicine: _____ Dosage (#of tablets/tsp): _____ Frequency: _____

Medical condition for which this treatment is given: _____

Dates to be administered: _____ Scheduled Time to be administered: _____ As needed only

Name of medicine: _____ Dosage (#of tablets/tsp): _____ Frequency: _____

Medical condition for which this treatment is given: _____

Dates to be administered: _____ Scheduled Time to be administered: _____ As needed only

Oregon Episcopal School has my permission to administer the above medications to my child according to the above instructions.

Parent/Guardian Signature Date

Staff use only: (Medic and student initial under each date medication given)

Sample

Medication		Date:	Date:	Date:	Date:	Date:	Date: 11/9
	Initials/Time of Dose						TB/EE 8 am
	Initials/Time of Dose						
	Initials/Time of Dose						
	Initials/Time of Dose						

As medic for the trip, I have reviewed the 5 "Rights" as described below before dispensing the medication/s

1. Right Person
2. Right Medication
3. Right Dose
4. Right Time
5. Right way (oral or topical)

Medic Initial Here _____

Medic Name: _____

Witness Name: _____