

2020 Washington DC Trip

Extended Field Trip Medication Order Form

Students May not Self-Carry and Administer Controlled Medication

| | | |
|------------|-------------|------------|
| Last Name: | First Name: | DOB: |
| Allergies: | | |
| | | |
| Med: | Med: | Med: |
| Dose: | Dose: | Dose: |
| Route: | Route: | Route: |
| Frequency: | Frequency: | Frequency: |
| Time: | Time: | Time: |
| Diagnosis: | Diagnosis: | Diagnosis: |
| | | |
| Med: | Med: | Med: |
| Dose: | Dose: | Dose: |
| Route: | Route: | Route: |
| Frequency: | Frequency: | Frequency: |
| Time: | Time: | Time: |
| Diagnosis: | Diagnosis: | Diagnosis: |

• *This student has been instructed in and understands the purpose, method and frequency of use for the above medication and, in my judgment, is responsible and may independently carry and use the medication. Staff intervention is needed only during emergencies.*

| | |
|---------------------------|-----------------|
| MD's Name (please print): | MD's Signature: |
| MD's Phone Number: | Date: |

- *My child may independently carry and use the above medication as ordered. I will send only the amount of medication needed for the trip.*
- *My child and I understand that he/she is subject to suspension from school if medication is shared with others or used in an irresponsible manner.*
- *I give the chaperone my permission to administer any medication that is not to be carried by my child as ordered above.*

| | |
|-------------------------------|---------------------|
| Parent's Name (please print): | Parent's Signature: |
| Parent's Phone Number: | Date: |

***This Form and Medication for chaperones must be submitted to the Nurse by
October 23, 2020***