

**Out-of-State Trip Form for Prescribed or Over-the-Counter Medication**

In some situations, students may be authorized to self-administer their own medication while on school-sponsored trips. A school employee will be responsible for keeping the medication in a secure locked container while on the trip until such time that the student requires the medication. At the appropriate time, the medication will be available to the student to self-administer in the presence of the school employee.

**THE MEDICATION MUST BE IN THE ORIGINAL CONTAINER WITH A VALID EXPIRATION DATE. IF THE MEDICATION IS PRESCRIBED BY THE STUDENT'S HEALTHCARE PROVIDER, THE ORIGINAL PRESCRIPTION LABEL MUST BE ATTACHED. EACH MEDICATION MUST BE LISTED ON A SEPARATE FORM.**

If your student requires medication during the field trip, please complete the following:

SCHOOL: \_\_\_\_\_ DATE FORM RECEIVED BY THE SCHOOL: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom/Classroom: \_\_\_\_\_  
Student's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN OR HEALTH CARE PROVIDER FOR *PRESCRIPTION MEDICATION***

Name of medication: \_\_\_\_\_ Reason for medication: \_\_\_\_\_

Form of medication/treatment:

Tablet/capsule  Liquid  Inhaler  Injection  Nebulizer  Other \_\_\_\_\_

Describe schedule and dose to be given and/or taken on field trip:

Special storage requirements:  None  Refrigerate  Other \_\_\_\_\_

Student is capable of/responsible for self-administering this medication:  No  Yes

Supervised  Unsupervised

Student has been instructed in self-administering the medication:  No  Yes

Student must carry this medication on his/her person (inhaler, Epi-pen, Glucagon only):  No  Yes

Please indicate additional information:  On the back side of this form  As an attachment

X \_\_\_\_\_  
*Physician/Health Care Provider Signature\** *Date*

\*Physician Signature required for prescription medications only

\_\_\_\_\_  
*Signature of Parent/Guardian* *Date*

Name of Physician/Health Care Provider and phone number: \_\_\_\_\_  
Name of Parent/Guardian and phone numbers: \_\_\_\_\_