

Permission for Self-Administration of Medication For Overnight or Extended Field Trips

The Lewisburg Area School District understands overnight/extended trips may require a student to self-administer a medication. All medications, over-the-counter and prescription must be kept in the original labeled container. A prescription medication will require the physician's signature on this form or on their prescription pad.

The following conditions must be met before a child may be considered for this exceptional practice:

- Child understands the purpose of his/her medication
- Child understands the responsibilities for self-administration of the medication
- Child has a knowledge of what could happen if the medication were improperly administered
- Child is technically capable of self-administering the medication

The following signatures certify that each party agrees that the child has met each of the aforementioned conditions and is capable of accomplishing self-medicating.

Child: _____

Parent/Guardian: _____

Physician: _____

(Only required if a prescription medication will be taken on this trip)

Medication Information

| Name of Medication | Dosage of Medication | Frequency of Medication | Times for Self-Administration |
|--------------------|----------------------|-------------------------|-------------------------------|
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All medications sent on overnight/extended trips should be supplied by the parent/guardian unless other arrangements are made with the school nurse (such as medications sent in to the school to be administered during school hours).

CHILD AND PARENT CONSENT

I, _____, agree to take the exact amount of my medication at the aforementioned time(s).

Furthermore, I, _____, agree that I understand the importance of taking medication(s) as prescribed and not give the medication to anyone else.

We agree that it is the child's and the child's parents responsibility that the medication(s) be administered properly; that the child will carry on his/her person the agreed upon amount of medication in an appropriate container identifying the child's name and medication contained; that if there is a diversion with the medication, the child will be disqualified from this exceptional procedure; and, if there is theft or intimidation with the intent of theft of a medication, appropriate action will be taken by the parents in conjunction with the school, including appropriate legal action.

I relieve and release the Lewisburg Area Board of School Directors and its' employees of all liability related to the medication of my child.

Child's signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____

I have reviewed the above information on both pages and all the necessary signatures and information has been submitted.

School Nurse or School Personnel Signature:

Date: _____