

**AUTHORIZATION TO ADMINISTER MEDICATION
EXTENDED FIELD TRIP**
Mercer Island School District
Mercer Island, Washington

Student Name: _____

Birth date: _____

Today's date: _____

Dates this order is in effect: _____

PROVIDER'S ORDERS FOR MEDICATION ON EXTENDED FIELD TRIPS

Medication to be given to a student on an extended field trip should be ordered only when absolutely necessary. The school accepts no responsibility for untoward reactions when the medication is dispensed in accordance with the provider's directions.

Condition requiring medication: _____

Medication: _____

Dosage: _____

Time: _____

Medication: _____

Dosage: _____

Time: _____

Medication: _____

Dosage: _____

Time: _____

Is child authorized to medicate him/herself? No Yes, and I have instructed student in med use.

Provider's signature: _____ Date: _____

Provider's name, address, and phone #:

Parent's Permission

I hereby authorize school personnel to dispense the medication prescribed by the above-signed provider to my child. I understand that the medication is to be furnished by me in the original container labeled by the pharmacy or provider with: name of medication, amount to be taken, frequency of administration, and name of provider. I understand that the school accepts no responsibility for untoward reactions when the medication is administered in accordance with the physician's directions. The authorization is only good for the time the student is on the extended field trip. I will collect unused medication from the school at the end of the trip. I am the parent or legal guardian of the child named.

Signature of parent/guardian

daytime phone

nighttime phone

SEVERE ALLERGY INFORMATION Allergic to: _____

Describe previous reactions _____

Is medication needed on trip? No Yes - which med: _____

If med is needed, please fill out top portion of this form. Please list any special procedures required: (ie. call 911, send for medical care).

The district's liability is limited to those activities in which a student may participate for which agents of this district have responsibility to control or supervise. A trip or activity which is not covered by insurance will not be allowed to occur under districts sponsorship.