Crossroads Academy Field Trip Medication Permission Form

If a student needs medication while on a field trip, medication administration will be assisted by a trained designee of the school nurse, specifically a teacher or other staff person.

All medications must be provided in the original pharmacy container. Prescription medication labels must include the student's name and date of birth, the name of the medication, strength, dose, the interval between doses, and the name of the provider authorizing the medication. Medications must be brought to school by a parent or other adult you deem responsible and should not be carried in student's backpacks or pockets.

The field trip head teacher will have the list of parent-approved over-the-counter medications that can be administered as-needed as well. Emergency medications such as Epi pens will be carried on all field trips.

I request that my child _____receive the following medication on a school field trip:

_____	_____	_____
Medication Name	**Dose/Route**	**Time of day**

Reason for Medication: _____

Other medications my child is taking: _____

I authorize the Crossroads Academy school nurse or trained designee of the school nurse to assist my child in taking the above stated medication while on a field trip. I agree that I will not hold liable these members of the Crossroads staff for harm or injury resulting from the administration or assistance in the administration of this medication.

Parent Signature: _____ **Date:** _____

Parent Name_____

Emergency contacts listed on your child's Field Trip Permission form will be available to staff on all field trips. If other emergency contacts are necessary while your child is on this field trip, please list:

Name: _____ **Phone number: (_____)_____-_____**