**Community High School District 128**

**Medication Procedure for Field Trips and Educational Tours**

**For a field trip lasting only one day, students who take daily medications in the nurse’s office:**

Students will be allowed to carry and self-administer a daily dose of medication as needed during an off-site school sponsored activity (field trip), as long as the following criteria are met:

* Medication shall be supplied by the parent/guardian
* Medication authorization form is on file with the school nurse.
* Medication is stored and transported in its original prescription-labeled container

**For educational tours (trips lasting more than one day):**

The student may carry and self-administer over-the-counter and prescription medications provided the following criteria are met:

* A medication authorization form filled out by a parent/guardian will be

submitted to the designated district employee/chaperone.

* The medication is stored and transported in the original, manufacturer-labeled

container or prescription-labeled container.

**Community High School District #128**

Libertyville High School Vernon Hills High School

847-327-7016 847-932-2040

Fax: 847-327-7254 fax: 847-932-2188

**MEDICATION FORM FOR EDUCATIONAL TOURS/TRAVEL**

**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_**

**For Prescription medications:**

**TO BE COMPLETED BY THE PHYSICIAN:**

Medication/dosage/frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication/dosage/frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication/dosage/frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for this student to carry and self-administer these medications.

**Doctor (print name)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_

**Doctor’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: \_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_

**For over-the-counter medications (Advil, Tylenol, etc.):**

**TO BE COMPLETED BY PARENT:**

I give permission for my student to carry/self-administer the following:

Medication/dosage/frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication/dosage/frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication/dosage/frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_