

Field Trip Medication Form

Please complete the following information if your child needs to take any kind of prescription medication or over-the-counter medication. Medications will be supplied by the parent. All medications must be given to the supervising teacher/designee/school nurse in the original container labeled with the student's name and only the necessary amount of medication, (except for liquid form). Inhalers must include prescription label with the student's name and instructions for administration. Parents are responsible for verifying expiration date of all medication.

st Medi								Class	
	ication	•			Dosag	e			
Circle One: Prescription / Over-the-counter Tin OR as needed, per bottle or inhaler directions.					e(s) to be given:/			_/	/
<i>JK</i> as i	needed, po	er bottle o	r innaier dire	ections.					
Го Ве	Comple	eted By S	Sponsoring	Teache	er/Design	iee			
	Date	Time	Given	Date	Time	Given	Date	Time	Given
			by:			by:			by:
			Signature			Signature			signatur
Day 1						9			Š
Day 2									
Day 3									
Day 4									
Day 5									
2nd Med	ication				Dosage	!			
Circle (One: Pres	cription / C	ver-the-count	ter Time	(s) to be gi	ven:	/_	/_	
OR as r	needed, po	er bottle o	r inhaler dire	ections.					
Го Ве	Comple	eted By S	Sponsoring	Teache	er/Design	iee			
	Date	Time	Given	Date	Time	Given	Date	Time	Given
			by:			by:			by:
			Signature			C: 4			signature
			Signature			Signature			bigilatar
Day 1			Signature			Signature			Signatur
			Signature			Signature			Signatur
Day 1 Day 2 Day 3			Signature			Signature			Signatur
Day 2			Signature			Signature			Signature
Day 2 Day 3 Day 4			Signature			Signature			Signature
Day 2 Day 3 Day 4			Signature			Signature			Signiture
Day 2 Day 3 Day 4 Day 5									J. J
Day 2 Day 3 Day 4 Day 5	ure of Par	ent/Guard				Date			
Day 2 Day 3 Day 4 Day 5			lian			Date			
Day 2 Day 3 Day 4 Day 5				lication					
Day 2 Day 3 Day 4 Day 5 Signatu	ıre of Per		lian	lication		Date			
Day 2 Day 3 Day 4 Day 5 Signatu **Opt	ire of Per	son Admir	lian nistering Med			Date Date			
Day 2 Day 3 Day 4 Day 5 Signatu **Opt	ire of Per ional In the	son Admin	lian nistering Med	elops a l		Date Date or fever greater		,	
Day 2 Day 3 Day 4 Day 5 Signatu **Opt	ire of Per ional In the	son Admin	lian nistering Med	elops a l		Date Date or fever greater		,	
Day 2 Day 3 Day 4 Day 5 Signatu **Opt	ire of Per ional In the	son Admir e event m	lian nistering Med y child devectool of Ar	elops a l	has perm	Date Date or fever greission to ad	ministei		the
Day 2 Day 3 Day 4 Day 5 Signatu **Opt	ire of Per ional In the y of Mon ibuprofe	son Admir e event m itessori S n	lian nistering Med y child developed of Artacetaminor	elops a l nderson ohen (ch	has perm leck one o	Date Date or fever greission to ador both)to b	ministei e given		the
Day 2 Day 3 Day 4 Day 5 Signatu **Opt	ire of Per ional In the y of Mon ibuprofe	son Admir e event m itessori S n	lian nistering Med y child devectool of Ar	elops a l nderson ohen (ch	has perm leck one o	Date Date or fever greission to ador both)to b	ministei e given		the
Day 2 Day 3 Day 4 Day 5 Signatu **Opt	ional In the of Mon ibuprofe	e event matessori S ns guidelir	lian nistering Med y child developed of Artacetaminor	elops a landerson ohen (ch	has perm leck one o	Date Date or fever greission to ador both)to b	ministei e given	accordin	the

F 864 231-6562