

**BALTIMORE COUNTY PUBLIC SCHOOLS
REQUEST TO ADMINISTER MEDICATION/TREATMENTS
OVERNIGHT FIELD TRIP/FOREIGN STUDY PROGRAM**

Dear Parent/Legal Guardian:

To request medication administration on an overnight field trip or foreign study program:

- This form must be completed and signed by the parent and the student’s health care provider.
- The medication container must be labeled by the pharmacy with the student’s name, prescriber’s name, name of medication, dosage, route, conditions for storage, prescription date and expiration date.
- Unless otherwise specified, the medical order is valid for the field trip/foreign study program only.

HEALTH CARE PROVIDER’S ORDER

Your patient will be participating in a trip to _____ from _____ to _____. Please indicate below any prescription and/or over-the-counter medications and/or medical treatment(s) that your patient will need on this trip. The school nurse will review the orders and provide training to unlicensed school staff who will oversee the administration of all medications and treatments.

Name of Student: _____ Date of Birth: _____ Grade: _____

| Drug Name or Treatment Required | Dosage, Frequency, Route | For What Condition | Is Student able to do this independently? |
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Prescriber’s Name/Title: _____ Telephone: _____

Address: _____ Fax: _____

Prescriber’s Signature: _____ Date: _____
(Original signature or signature stamp only)

PARENT/GUARDIAN AUTHORIZATION

I request designated school personnel to administer or oversee the administration of the medication(s) as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above. I authorize the school nurse to communicate with the health care provider. I understand that a school nurse will not be in attendance on this field trip.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____