

Student Last Name: _____ First Name: _____ Grade: _____

Dispensing of Medication Guidelines Lake Middle School Class Trips

All students going on class trip must return this completed form and medications with appropriate authorization forms by Thursday, March 6th.

Parent Responsibility

Only essential medications are to be sent on the field trip.

COMPLETE: Please check all that apply

1) I give permission for chaperone(s) to give my child the proper prescribed amounts listed on the bottle of the medications checked below:

Advil 200 mg (provided) Tylenol 500 mg (provided) Tums (provided)

2) Prescription medications - (will be supplied by the parent)

No prescription medications at this time
 Yes - Follow instructions below*

3) Additional non-prescription (over the counter) medicines will be supplied by parent.

No non-prescription medications at this time
 Yes - Follow instructions below**

Return the completed form with the medication in its original container and labeled with the students name to the clinic on or before **Thursday, March 6, 2014**. If completed forms and medicines are not received by March 6th, it will be understood that your child will not receive any medication on the trip.

With full knowledge of emergencies, dangers and risks related to the administration of such medication by Lake Local School Districts' employees, officers, or agents, we the undersigned, hereby waive all claims, which might arise from said administration of such medication to said minor child and the results thereof. We agree to indemnify and hold harmless Lake Local Schools' employees, officers, or agents, from any and all liability relative to the administration of such medication.

I understand I must submit a revised statement and sign it if any information changes prior to the departure of the trip.

Parent/Guardian Signature: _____ Date: _____

*** Prescription Medications - (If prescription medications will be given.)**

Obtain and fill out the Prescription Medication Request Form on the Lake website located in Parents Section; Health Service box; Health Care forms, or obtain from the school clinic.

This form must be completed and signed by your physician.

This includes Epi-pen and asthma inhaler self-carry.

Parent/Guardian is also required to sign and date the prescription form at the bottom.

**** Nonprescription (over-the-counter) Medications - (If nonprescription medications will be given.)**

Obtain and fill out the Over-the-Counter Medication Request Form on the Lake website located in Parents Section; Health Service box; Health Care forms, or obtain from the school clinic.

Advil 200mg and Tylenol 500 mg & Tums Antacid will be provided by the school if authorization is checked above.

School Personnel Responsibility

- 1) To administer prescribed/OTC medications as directed.
- 2) To provide limited first aid and guidance in the care of illness or injury.
- 3) To assist in obtaining medical care if needed.
- 4) To call parents regarding serious illness or injury to a student while on the trip. **NOTE: All medication and first aid supplies will be kept by the appointed staff member. It is the responsibility of the student to find the staff member at the appropriate time for any medications or attention to injury or illness.**