



This form is separate for ease of taking it to your physician. Please return it signed, with the other permission forms, if your child will need medications during the field trip.

## Administration of Medication Authorization On Field Trips

Dear Parents/Guardians,

In order to provide the safest environment for our students while on any field trips, MPH will be following the regulations and guidelines set forth by New York State Public Health Law.

Please note the following procedures for the administration of any medicines during a field trip:

1. The "Administration of Medication Authorization for Field Trips" must be completed and signed by **both** a parent/guardian AND a **health care provider**. This is necessary for any medicine including the use of "as needed" medicine such as acetaminophen/ibuprofen.
2. All medicine sent in to the chaperone must be in the **original container** (including Tylenol, ibuprofen or any OTC bottle) and **labeled** with the following information:
  - a) Name of Student
  - b) Exact Dosage
  - c) Time to take medication and frequency or exact time interval
  - d) Reason for medication

**Medicine should be placed in a zip lock bag labeled with the student's name.**

3. There will be no "stock" bottles of medicine provided. Parents must provide their child's medicine.
4. A student will not be allowed to "self -carry" any medication unless it is an epi-pen or rescue inhaler.

**Name of Student** \_\_\_\_\_ **GRADE** \_\_\_\_\_

The chaperone will be given the following labeled medication for my child:

Medicine \_\_\_\_\_ Dose \_\_\_\_\_ Time/frequency \_\_\_\_\_

Medicine \_\_\_\_\_ Dose \_\_\_\_\_ Time/frequency \_\_\_\_\_

Medicine \_\_\_\_\_ Dose \_\_\_\_\_ Time/frequency \_\_\_\_\_

Medicine \_\_\_\_\_ Dose \_\_\_\_\_ Time/frequency \_\_\_\_\_

Medicine \_\_\_\_\_ Dose \_\_\_\_\_ Time/frequency \_\_\_\_\_

We have read and understand the above information. We hereby request medication to be carried by chaperone and administered by student as directed by this authorization for the duration of the field trip.

**Date:** \_\_\_\_\_ **Signature of Parent/Guardian** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of Health Provider** \_\_\_\_\_