



Authorization Form Administration of Medication on Field Trips

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 a parent/guardian and a licensed health care provider. This is necessary for all medications, including over-the-counter medications such as acetaminophen/ibuprofen.
2. Medications provided must be in their **original container** (including Tylenol, ibuprofen or any OTC bottle) and labeled with the information below. Please place medications in Ziploc bag labeled with student's name.
 - a) Name of Student
 - b) Exact Dosage
 - c) Time to take medication and frequency or exact time interval
 - d) Reason for medication
3. There will be no stock bottles of medicine available. 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.

Parent/Guardian Signature: _____ **Date:** _____

Signature of Licensed Health Care Provider: _____ **Date:** _____