

FERNDALE AREA SCHOOL DISTRICT MEDICATION POLICY FOR FIELD TRIPS

1. The school nurse or designee (certified registered nurse) will administer prescription medication and non-prescription medications on field trips with a physician's order only. The parent will also be permitted to administer the medication
2. If the school nurse has a daily order for the medication this will suffice for the field trip.
3. For field trips, one dose must be brought into school by an adult in the original container with the student's name, medication, dosage, and current date. This must be handed to the nurse accompanying the students on the field trip. No medication will be dispensed from the nurse's office.
4. Students with inhalers and/or Epi-pens may carry them on themselves for the field trip, only if documentation from both the parent and the prescribing physician is received that the student has knowledge of medication and can successfully demonstrate the proper use and administration of the medication.

Prescription and/or Non-Prescription Medications

_____ in ____ grade was prescribed the following
(student name)
medication that must be administered on their field trip on _____.
(date of trip)

Name of medication: _____

Prescribed dosage: _____

Administration time: _____

Parent Signature: _____ Date: _____

**Self administration of Inhalers and/or Epi-pens
For Field Trips**

_____ (Student's Name) _____ (Grade) _____ (Date)

To self medicate, while on a field trip, the student must be able to: (check all that apply)

- _____ 1. Respond to and visually recognize his/her name.
- _____ 2. Identify his/her medication.
- _____ 3. Demonstrate the proper technique for administering his/her medication.
- _____ 4. Demonstrate knowledge and responsibility of medication, along with a cooperative attitude in all aspects of self-administration of medication

_____ (Name of Medication) _____ (Dosage) _____ (Frequency)

_____ (Date) _____ (Physician Signature)

_____ (Date) _____ (Parent/Guardian Signature)

I hereby release, discharge, and hold harmless the Ferndale Area School District, its agents and employees from any and all liability and claim whatsoever for the administration of the above medication/medications to my child, for damages our child may suffer as a result of this request.

_____ (Parent Signature) _____ (Date)