

**FERNDALE AREA SCHOOL DISTRICT
MEDICATION POLICY FOR FIELD TRIPS**

1. The school nurse, designee (state licensed nurse) or a parent (if no licensed nurse available) will administer prescription medication and non-prescription medications on field trips with a physician's order and written parent consent.
 2. If the student has a daily order at school 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 unopened container or a prescription labeled bottle with the student's name, medication, dosage, and current date. This must be given 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 to the certified school nurse the proper use and administration of the medication.
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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: _____

Physician Signature: _____ Date: _____

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)*

A return demonstration of the above mentioned demonstrations must be done for the certified school nurse prior to self administration on field trips.

_____ *(Certified School Nurse)*

_____ *(Date)*