MOLALLA RIVER SCHOOL DISTRICT

Field Trip Authorization for Medication & Self Administration Agreement

Student:	DOB

I am giving *permission* for administration of listed medications to my child per the following:

☐ **PRESCRIPTION: REQUIRES MEDICATION TO BE IN ITS ORIGINAL CONTAINER WITH PRESCRIPTION LABEL; PRESCRIPTION MUST BE WRITTEN BY OREGON LICENSED PHYSICIAN. DOSAGE/DIRECTIONS MUST BE CONSISTENT WITH PROVIDERS WRITTEN PRESCRIPTION.**

☐ **NON-PRESCRIPTION: REQUIRES MEDICATION TO BE IN ORIGINAL CONTAINER WITH DOSAGE AND DIRECTIONS VISIBLE. DOSAGE/DIRECTIONS MUST BE CONSISTENT WITH MANUFACTURERS DOSAGE/DIRECTIONS.**

Medication Name: **Dosage** (e.g. "5mg")

Route: ☐Mouth (oral) ☐Ear ☐ Eye ☐ Nose (Nasal)
☐ Skin (topical) ☐ Inhaled ☐ Other:
NOTE: Injectable Medications require *Authorization for Specialized Care*

Tablets requiring cutting should be cut by the parents before being brought to school. Liquid medications require dosage spoons which are available from your pharmacist, and must also be supplied by parent.

Time of day to be taken(must be consistent with Rx label): ☐ As needed (PRN)

Field Trip Start date: **Field Trip End date:**

Reason for Medication:

By signing this form I understand and agree that:

- The parent must provide medication and supplies
- The student must be developmentally and behaviorally able to self-administer medication while on the field trip, for the duration indicated only.
- Medication must be taken only as prescribed or per manufacturers' directions.
- All medications must be clearly labeled with the student's name and maintained in a secure location.
- Medications cannot be shared with other students.
- The student may possess only the amount of medication required for the duration of the field trip.
- Permission to self-administer or attend future overnight field trips may be revoked if the student violates policy in regards to self-administration of prescription or non-prescription medication .

By signing below , the student/parent accept responsibility and authorize or acknowledge :

- Permission for the exchange of information between school personnel, school nurse and provider as necessary.
- That this agreement is only good for the medication listed for the duration of the field trip
- To comply with the listed criteria.

Parent's Signature:	***Date:***
Student's Signature:	***Date:***
School Representative's Signature:	***Date:***
Provider's Signature	***Date:***

MOLALLA RIVER SCHOOL DISTRICT

Self-Medication Agreement Rules for Overnight Field Trips

Students, who are developmentally and/or behaviorally able, will be allowed to self-administer prescription and nonprescription medication for the duration of overnight field trips, subject to the following per current Oregon Administrative Rules and policy:

1. A permission form must be submitted for all self-medication of all prescription and nonprescription medication.
   - Self-administration of prescription medication requires permission from parent, school administrator or school nurse as designated by the administrator and physician. Physician consent is to be included on the prescription label or on the medication consent form.
   - Self-administration of non-prescription medication requires permission from parent and school administrator.

2. All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
   - Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions. Physicians consent for self-administration is to be on the label or on the medication consent form.
   - Nonprescription medication must have the student's name affixed to the original container.

3. The student may have in his/her possession only the amount of medication needed for the duration of the field trip.

4. The medication must be kept in a secure location.

5. Sharing and/or borrowing of medication with another student is strictly prohibited.

6. Permission to self-medicate may be revoked if the student violates school district policy governing administration of non-injectable medication and/or these regulations. I have read and agree to the above criteria and give permission for my child to carry.

7. The administrator can suspend the student's participation in further overnight field trips if terms of mediation self-agreement are not followed as agreed upon.