

DUBLIN SCHOOLS

DUBLIN UNIFIED SCHOOL DISTRICT

FIELD TRIP MEDICATION ADMINISTRATION

My child _____ will be attending a field trip on _____,
Student Date(s)
from _____ to _____.
Time Destination

I authorize: _____ to administer medication(s) to my child
Teacher

while on the field trip. I will have a "Medication Administration Consent Form" completed and signed by myself, and the physician for **all** medications to be administered during the field trip. Each medication will be in a pharmacy labeled container, containing only the quantity needed for administering during the field trip. All medications must be kept by the teacher.

Medication	Dosage	Time	Route

Precautions, special instructions, possible adverse side effects, or other comments:

For recording by teacher:

Administered by: _____ Time(s): _____

Medication	Dosage	Time	Route

Precautions, special instructions, possible adverse side effects, or other comments:

For recording by teacher:

Administered by: _____ Time(s): _____

Medication	Dosage	Time	Route

Precautions, special instructions, possible adverse side effects, or other comments:

For recording by teacher:

Administered by: _____ Time(s): _____

Parent/Guardian Signature: _____ Date: _____

PROCEDURE FOR ADMINISTRATION OF MEDICATION DURING FIELD TRIP

1. Parent to obtain "*Medication Administration Consent Form*" from school office. Form to be completed by parent and physician and returned to school office.
2. Parent to obtain and complete "*Field Trip Medication Administration*" form and return to school office **along with** "*Medication Administration Consent Form*" for **each** medication to be given during field trip.
3. Parent to bring medication to school office, in pharmacy labeled container with instructions the **same** as what is written on the two consent forms. Quantity of medication should **only** be what is to be administered on the field trip. Over the counter medications must be labeled with students name.
4. If a "*Medication Administration Consent Form*" is already at the school site, a photo copy is given to the teacher along with the "*Field Trip Medication Administration*" form.
5. If a student has an Action Plan already in place at school, i.e. Asthma Action Plan, Diabetic Action Plan, Moderate-Severe Allergy Action Plan, a photo copy will be given to the teacher.
6. Teacher will be in-serviced on administration of medications by school nurse.
7. Students requiring any medications taken other than by mouth, topically or via inhaler, or students requiring any Specialized Health Care Procedure (Nebulizers, Insulin, gastrostomy tube administration, etc.) **MUST** notify the School Nurse (828-2551 ext. 8036) at least 10 days prior to field trip date so that procedures can be written and approved by physician and parent. Upon receipt of written procedures, Teacher will be trained by Nurse/Physician prior to student attending field trip. In the event that the above is not done by the above deadline, the parent/guardian will be responsible for administration of medication while student is on field trip.
8. Teacher will have on the field trip:
 - a. "*Medication Administration Consent Form*" for each medication to be given.
 - b. "*Field Trip Medication Administration*" form.
 - c. Action Plan if necessary.
 - d. Medication in pharmacy/ original over the counter, labeled container.
9. Teacher will administer medication according to "5 Rights of Medication Administration"
 - Right Student
 - Right Medication
 - Right Dosage
 - Right Time
 - Right Route
10. Upon returning to school, Teacher will return medication and "*Field Trip Medication Administration*" form, and copies of medication forms/Action Plans to Health Clerk to file in student's health folder.