



ATTLEBORO PUBLIC SCHOOLS  
HEALTH SERVICES

File: IJOA-E3

**MEDICATION DELEGATION PERMISSION FOR OVER-NIGHT/INTERNATIONAL TRIPS**  
**THE PARENT IS RESPONSIBLE FOR PROVIDING THE FOLLOWING INFORMATION/SUPPLIES RELATED TO**  
**MEDICATION DELEGATION FOR YOUR CHILD ATTENDING OVERNIGHT FIELD TRIPS**  
PLEASE BE AWARE THAT THERE IS NO NURSE AVAILABLE ON THIS TRIP

IT IS THE RESPONSIBILITY OF THE PARENT TO:

- Obtain written orders from the prescribing physician for **ALL** medications that your child will be taking /given on the Field Trip prior to \_\_\_\_\_.
- Complete the Medication Delegation Permission form by signing below and return with orders.
- In order for students to "self-administer" medications, the Self-Administration Medication form needs to be completed by the parent, then approved and signed off by the school nurse. The nurse will have the final say as to whether self-administration is appropriate.
- Provide to the Field Trip Coordinator or responsible designated staff member all medications to be given during the trip in current pharmacy labeled containers complete with student's name, name of medication, dose and time to be administered. *(only send the amount of medication that will be needed during this trip)*
  - Any psychotropic medication needs to be held by a responsible adult and not in the student's luggage.*
- Students will be required to have on their person their own EpiPen and/ or rescue Inhaler. They will also need to be competent in the use of their medication (what it is for, how and when it may need to be administered). These medications should be from the home supply. A self-administration form will need to be completed.
- Please be aware that over-the-counter medications will NOT be dispensed by the staff to students without physician's orders.
- In the event of any type of Emergency ~ 911 will be called and/or medical emergency personnel.

\_\_\_\_\_

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Trip: (location and date) \_\_\_\_\_

Name/Names of Medications: \_\_\_\_\_

I am aware that the designated staff member will administer the medication as ordered by the physician and delegated by the school nurse.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_