

**WHSD POLICY FOR MEDICATION ADMINISTRATION
FOR FIELD TRIPS**

Please complete one sheet for each medication to be administered

The Westmont Hilltop School District will cooperate with parents and their medical practitioners in giving prescribed medication in accordance with WHSD board policies 112 and 210 when these must be taken while under school jurisdiction on field trips. **Ideally, all medication should be given at home.** It is also recognized that at the present time, many students are able to attend a field trip because of the effectiveness of medication in the treatment of chronic disabilities and illnesses. However, any student who is required to take medication during a field trip, must comply with school regulations. The regulations include the following:

ALL Prescription and Non Prescription medications will be administered by the school nurse, substitute school nurse or volunteer licensed practitioner under the following conditions:

1. Upon written request from the physician to the school nurse, substitute school nurse or licensed volunteer that medication be administered to the student. Included in the request must be the name of the student, name of medication, dosage and frequency of administration. Please complete this form and return it to the sponsor of the field trip.
2. Parental or guardian written request that medication be administered as prescribed in physician's statement.
3. All medication must be in the original prescription (or over-the-counter container) with current date and name of the student on the bottle. All medications MUST be given to the nurse or licensed volunteer directly by the student's parent/guardian and will be returned to the parent/guardian at the end of the trip. Only send the amount needed for the field trip. All medications must have a current expiration date.

For questions or concerns please contact the school nurse:

Peggy Antolik RN Jr Sr High School 255-8741 FAX 255-2704
Joan Ponzurick RN Elementary School 255-8771 FAX 255-8703

_____ was prescribed the following medication that must be administered during a school sponsored field trip.

Name of medication _____

Prescribed dosage _____ Time schedule _____

Purpose of medication/diagnosis _____

Special considerations/plan of care _____

Allergies _____

Possible side effects/Curtailment of school activity _____

I hereby authorize that this medication be administered to child named above by a school nurse, substitute school nurse, or licensed volunteer.

Signature of Physician Date

Signature or Parent/Guardian Date

The medication administration/transmission sheet on the reverse side should be completed by the practitioner administering the medication.

WHSD Field Trip Medication Transmission and Administration Record

Student Name: _____ **Grade** _____

Medication/Dose _____ **Route** _____

Note: All medication should be delivered to the school nurse or licensed volunteer by a parent/guardian or responsible adult designated by the parent/guardian.

Transmission of Medication Record:

Date: _____ Number received _____
Signature of person receiving _____
Received from _____

Date: _____ Number returned _____
Signature of person returning _____
Returned to _____

Administration of Medication:

Date: _____ Time _____
Signature of licensed personnel administering: _____

Date: _____ Time _____
Signature of licensed personnel administering: _____

Date: _____ Time _____
Signature of licensed personnel administering: _____

Date: _____ Time _____
Signature of licensed personnel administering: _____

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Signature of licensed personnel administering: _____