

## Licensed Volunteer Agreement Cover Sheet

Before the attached form is completed, the following must be done:

1. The Licensed Volunteer must provide to the school a copy of their license showing they are active and in good standing with the state of Pennsylvania. License verifications may be found at [www.licensepa.state.pa.us](http://www.licensepa.state.pa.us).
2. The Licensed Volunteer must be provided with the plan of care pertaining to the student to whom the Licensed Volunteer is volunteering to provide health services to.
3. The Licensed Volunteer must be provided with the licensed prescriber's order pertaining to the student to whom the Licensed Volunteer is volunteering to provide health services to.
4. The licensed prescriber order must be written to permit the Licensed Volunteer to administer the medication(s) and/or perform the relevant treatment(s) pertaining to the student, in accordance with the student's plan of care.
5. The Licensed Volunteer must review the plan of care and licensed prescriber's order
6. The Licensed Volunteer's must show that the Licensed Volunteer's assigned duties in regards to the application of medication(s) and/or treatment(s) are within the professional scope of the Licensed Volunteer's practice.
7. The Licensed Volunteer must be briefed on the relevant school policies and procedures.

# Licensed Volunteer Agreement for Administration of Medication on School Field Trips

Dear Licensed Volunteer,

This form should be completed by you, in conjunction with school administration, to certify that you are knowledgeable about the student and the student's required medication(s) and/or treatment(s) during a field trip off school grounds. This policy was adopted in conjunction with Pennsylvania Department of Health guidelines after considering a student's medical needs during a field trip off school grounds. This form must be completed IN ADDITION to the parent/guardian and licensed prescriber's normal authorization form for administration of medication in school. This form must be completed and signed by all required parties BEFORE the field trip.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                    First                    MI                    Last  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

I, \_\_\_\_\_, am a Licensed Volunteer by the State of Pennsylvania and certify the following:

1. My assigned duties are within my professional scope of practice
2. My volunteer's license is active and in good standing with the state of Pennsylvania
3. I have been provided with a plan of care for the above named student
4. I have been provided with the licensed prescriber's order for the above named student to whom I am volunteering to provide health services to
5. The Pennsylvania licensed prescriber order has been provided to me and is written to permit me to administer the medication(s) and/or perform the relevant treatment(s) for the above named student, in accordance with the above named student's plan of care
6. I have the necessary training and competency to perform the treatment(s) and administer the medication(s) the above named student requires under the licensed prescriber's order and plan of care
7. I have been briefed on the relevant school policies and procedures
8. I **am** / **am not** (circle one) certified in first aid and CPR

\_\_\_\_\_  
Licensed Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed Volunteer (print name)

\_\_\_\_\_  
School Administrator Signature

\_\_\_\_\_  
Date

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School Administrator (print name, title)

**\*\*\*IMPORTANT INFORMATION FOR PARENT/GUARDIAN\*\*\***

I hereby authorize the release of my son/daughter's private health information, medical administration plan of care, prescribing order, and any and all other information necessary to enable the Licensed Volunteer identified above to provide health services during the course of the field trip identified above.

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Parent/Guardian Signature

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Date

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Parent/Guardian (print name)