

Activity or Field Trip Medication Instruction Form Health Services

Guidelines for the administration of prescription or non-prescription medication to students attending a school sponsored activity or field trip (including overnight trips) will follow District 158 Board Policy 7:270, *Administering Medicines to Students*. As the school nurse does not usually accompany students on trips, the student's teacher or other designated school employee will be responsible for medication storage and administration. Illinois School Code (105 ILCS 5/22-30), P.A. 097-0361, P.A. 92-402, and District 158 Board Policy permits students to carry and self-administer specific medication deemed necessary for life-threatening conditions provided the student's parent has completed and submitted the appropriate Request for Self-Administration of Medication** form to the school health office in addition to this form. **Students may NOT carry or self-administer medications other than those necessary for life-threatening conditions.**

The parent must complete and submit this form to the school health office prior to departure of the trip. Medication must be provided in the original container clearly labeled with the child's name, name of medication, dosage, and possible side effects. Medication supply should coincide with the number of doses needed for the duration of the trip and **must** be dropped off to the school health office by a parent or other responsible adult.

Student's Name (Please Print) Birth Date Grade Teacher or Activity Sponsor's Name (Please Print)

MEDICATION(S) AND INSTRUCTIONS: The following medication(s) will be stored and administered by the student's teacher or other designated school employee. *For emergency medications (inhalers, EpiPens, etc.), please clearly write out specific instructions on when to administer, how to administer, and what to do after administration.

Prescription Medication Non-Prescription Medication Emergency Medication*
Name of Medication: _____ Student to Carry / Self-Administer**

Dosage: _____ Time(s) to Be Given: _____

*Emergency Medication Instructions: _____

Prescription Medication Non-Prescription Medication Emergency Medication*
Name of Medication: _____ Student to Carry / Self-Administer**

Dosage: _____ Time(s) to Be Given: _____

*Emergency Medication Instructions: _____

Name of Physician: _____ Please Print Phone Number: _____

Address: _____

Physician's Signature Date

Signature required if a "Request for Administration of Medication Form" signed by the physician is not currently on file in the school health office for prescription and/or non-prescription medications.

I authorize Huntley School District 158 and its employees and agents, to administer the above medication(s) or to permit my child to carry and self-administer** as directed by the physician. I agree to indemnify and hold harmless Huntley School District 158 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of medication to my child **and/or** my child's self-administration of medication. I also give my permission to Huntley School District 158 and its employees and agents, to contact the physician in regard to any medication questions or concerns.

Parent's Name (Please Print): _____ Relationship: _____

Signature of Parent Date Work / Cell Phone: _____

We agree to administer the above medication(s) as requested by the parent and/or we will permit and assist the student to be responsible in a self-administer situation, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or if there is a safety risk. In this event, we will contact the parent as soon as possible. *(The staff member signing below must pick up medications in the school health office prior to departure. Medication cannot be delivered to you.)*

Signature of D158 Staff Member Date Signature of Principal Date