

PARENT’S REQUEST FOR GIVING MEDICATION OR TREATMENT AT SCHOOL

My child, _____, a student in _____ School requires medication and/or a medical procedure during the school day as prescribed by his/her physician. I hereby authorize the designated staff person to administer the medication/procedure prescribed below according to the directions. In consideration of the service, I (we) further hereby agree that I (we) will not hold liable, and will otherwise hold harmless, the Windham School District and any such member of the administration of the medication/procedure described below. This includes permission to confer with the physician, if necessary.

Date: _____ Signature: _____

Print Name: _____

PHYSICIANS’ STATEMENT

The above named student, _____, requires medication and or a medical procedure during the school day as follows:

Diagnosis: _____

Mediation: _____ Dosage: _____

Time: _____ Frequency/ Duration: _____

Route of Administration: _____

Possible side effects, adverse reactions, and contraindications:

Other medications the student is currently taking: _____

Identification of medical procedure (explanation and details, i.e., time and duration);

Date: _____ Signed: _____

(Physician)

Physician Telephone # _____ Print Name _____

All medication (over the counter and prescribed) must be in the original pharmacy labeled container and accompanied by this signed form.

Medical and Emergency Care Information
(To be filled out for each field trip)

Student Name _____

Address _____

Date of Birth _____ Teacher _____ Grade _____

Parent Name: _____

Parent can be reached at the following phone number (W) _____

(C) _____ (H) _____

Other contact: _____ (W) _____

(C) _____ (H) _____

Student's Doctor _____ Phone # _____

Insurance and # _____

Date of last tetanus shot: (6th –8th grade only) _____

Check all that apply:

_____ Allergic to: (food, drugs, insects) _____

_____ Chronic medical problems: _____

_____ Current Medications: _____

Does your child have an EpiPen: _____ Yes _____ No If yes,

- a) The parent must accompany the student on a field trip or be in attendance at the school – sponsored activity.
- b) If the stipulations as outlined above cannot be met, the parent shall notify the school authorities, in writing, authorizing a responsible adult to assume the care and custody of the student. (see reverse side)
- c) My child has a Doctors order to self administer EpiPen ____ Yes ____ No ____

Needs to receive the following medication while on the field trip:

1. Name of medication _____
 Time to be given _____
 _____ To be given in the event of an allergic reaction only.

2. Name of medication _____
 Time to be given _____
 _____ To be given in the event of an allergic reaction only.

You have my permission to assist / supervise my child in taking the medications listed above. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child's medication. **In case of medical emergency, in the event I cannot be reached, I authorize Windham Schools, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child by or under the supervision of any duly licensed doctor, dentist or surgeon.**

Parent Signature

Date

**PLEASE FILL OUT PARENTAL CONSENT AND RELEASE FORM
IF YOUR CHILD HAS AN EPIPEN**

Field Trip Form
Parental Consent and Release

Medical Authorization

(To be filled out if student will/may need epipen medication while on a field trip.)

I, _____, as the parent or guardian of
_____, authorize _____
(student) *(responsible adult)

to assume care and responsibility of my child while on the following school sponsored
activity _____ on _____
(date)

In the event that medication is needed, i.e., EpiPen, inhaler, or other prescription
medications, the above-mentioned responsible adult has my permission to dispense
medication as directed.

Signature (Parent/Guardian) Date _____

Signature (Adult Assuming Responsibility) Date _____

*If your student has an EpiPen you must list a responsible adult (staff member) listed on your
consent to administer form that will be on the field trip or another parent volunteer you have
instructed in EpiPen use that will be responsible for your child.

