

MEDICATION AUTHORIZATION

Student Name: _____

Address: _____

Field Trip or Event Name: _____ (the "Event")

Date of Field Trip or Event: _____

The administration of medication to students on field trips shall be done only when the student has a medical condition that may be adversely affected without medication. This applies to both prescription and non-prescription medication. A school nurse does not usually accompany students on field trips. The trip-teacher leaders designated for the Event shall be the authorized parties for administering medication on any field trip. All medication must be delivered along with this Authorization to the designated trip-teacher leader(s) three (3) days before departure. Only the amounts needed for the field trip shall be delivered. All medication shall be in the original labeled container. With respect to prescription medication, the written prescription from the student's physician must be attached to this Authorization.

To Be Completed by Parent/Guardian

I am hereby requesting permission for my child named above to use the following medication(s) during the Event:

Name of Medication: _____ Dosage: _____ Time: _____ Side Effects: _____

Name of Medication: _____ Dosage: _____ Time: _____ Side Effects: _____

I authorize the trip-teacher leader designated for this Event to administer the above medications to my child. I agree and understand that the Penn-Harris-Madison School Corporation, its staff and volunteers shall incur no liability for storing, transporting, and/or administering the above medication to my child and/or any injury sustained by my child from any reaction to such medication.

I, on my own behalf and on behalf of my child, hereby waive, release, hold harmless and forever discharge the Penn-Harris-Madison School Corporation, its staff and volunteers, from any liability or claims arising out of any loss, personal injury, or property damage which may occur with respect to the administration, transportation, storage, receipt and/or use of the above listed medication. I further understand that any unused medication delivered to the trip-teacher leader shall be released to me following the Event.

Signature of Parent/Guardian: _____ Date: _____