

LCTI Field Trip Medication Form

This field trip medical form must be completed by a parent/guardian when their student goes on a field trip. This form ensures that the necessary information about medical conditions, allergies, and any medications (both prescription and over the counter) are provided to the responsible adults and staff accompanying the student on the trip. **If this form is not completed and submitted by the deadline your student will not be able to participate in the field trip.** This may result in a forfeit of any deposits for the field trip.

Tylenol, Advil, Benadryl, and Tums will be brought on overnight field trips. For all other medications being brought on the field trip, the medication section needs to be completed.

If your student is bringing any medication (prescription or over the counter), please read the following for the process of bringing medications on an overnight field trip:

- An envelope will be provided. All medications will need to be brought in the envelope. **Student's name needs to be on the outside of the envelope.**
- For all medications, try to only send enough for the trip.
- Prescription medications must be in the prescription bottle from the pharmacy.
- Over the counter medications must be in the original bottle/box.
- If any medications are left over after the field trip, a parent/guardian will need to pick up the leftover medications from the health room. Leftover medications can be picked up during normal school hours. For field trips occurring outside of the normal school year, a parent/guardian will need to pick up the leftover medication upon student's arrival back from the trip.

Medication not supplied in this manner, will not be taken on the field trip, and will not be given to the student. If your student is prescribed a new medication after this form has been handed in, a doctor's note will need to be supplied in order for the new medication to be administered to the student.

Please fill out, detach, and return the following. If there is anything else the chaperone/nurse should know about your student, please write on the backside of following section.

Signing below will signify understanding and adherence to the above and giving consent for your student to receive medication while on the trip:



Parent/Guardian Information

Full Name: _____ Signature: _____
Phone Number: _____

Student Information

Student's Full Name: _____ Grade: _____

Medical Conditions: _____
Allergies: _____ EpiPen needed: Yes No

If your student **does not** require medication, and **is not** bringing any medications, please check this box.

Only fill out the box below if your student is bringing medication(s).

Medication Details				
Name of Medication	Dosage	Frequency	Time of Medication	Route (ex: by mouth, injection)