



Field Trip Medication Form

Please complete the following information if your child needs to take **any** kind of prescription medication or over-the-counter medication. Medications will be supplied by the parent. **All medications must be given to the supervising teacher/designee/school nurse in the original container labeled with the student's name and only the necessary amount of medication, (except for liquid form).** Inhalers must include prescription label with the student's name and instructions for administration. Parents are responsible for verifying expiration date of all medication.

Student Name _____ Class _____

1st Medication _____ Dosage _____

Circle One: Prescription / Over-the-counter Time(s) to be given: ____/____/____/____
 OR as needed, per bottle or inhaler directions.

To Be Completed By Sponsoring Teacher/Designee

	Date	Time	Given by: Signature	Date	Time	Given by: Signature	Date	Time	Given by: signature
Day 1									
Day 2									
Day 3									
Day 4									
Day 5									

2nd Medication _____ Dosage _____

Circle One: Prescription / Over-the-counter Time(s) to be given: ____/____/____/____
 OR as needed, per bottle or inhaler directions.

To Be Completed By Sponsoring Teacher/Designee

	Date	Time	Given by: Signature	Date	Time	Given by: Signature	Date	Time	Given by: signature
Day 1									
Day 2									
Day 3									
Day 4									
Day 5									

Signature of Parent/Guardian

Date

Signature of Person Administering Medication

Date

**Optional

_____ In the event my child develops a headache or fever greater than 100.4, the faculty of Montessori School of Anderson has permission to administer _____ ibuprofen _____ acetaminophen (check one or both) to be given according to manufacturer's guidelines without calling ahead for permission.

Parent/ Guardian Signature

Date