West Deptford High School Overnight Medication Form

Dear Parent/Guardian:

Medication to be taken during school overnight trips must have doctor's authorization. Also, **the medication must be brought in and picked up by an adult**. Medications may be self-administered and held by the students unless they qualify as narcotics. **ALL NARCOTIC PRESCRIPTIONS** will be held and administered by the nurse. All medication must be in a container from the pharmacy with original label.

TO BE COMPLETED BY PHYSICIAN

Please administer the following medication(s) to ____
(Name of student)

For the purpose of treating ____
(Diagnosis)

Name of Medication:	**Dose/Route:**	**Time:**	**Side Effects:**
____________________	____________________	__________	____________________
____________________	____________________	__________	____________________

Other medications taken by the student which might interfere with the effect of the ordered medication are ____.

Physician's Name: ________________________ **Phone Number:** ____________________

Physician's Signature: ______________________ **Date:** __________________________

TO BE COMPLETED BY PARENT/GUARDIAN

________(initial) I give permission for my child to receive the above medication(s) as directed by the physician and according to school policy. I also authorize the sharing of information related to my child's health between the school nurse (or designee) and the health care provider listed above.

________(initial) (Self Administer) As the parent of the above-named student, I hereby give my permission for my child to self-administer his/her said medication named above.

________(initial) (Release) I herby authorize the Board of Education to allow my child to self-administer this medication. I have been advised by the representatives of the High School that the Board of Ed shall not be responsible for any liability or resulting of injury to my child arising from the self-administration of medication. I herby agree to indemnify and hold harmless self-administration of medication from my child.

Signature of Parent/Guardian: ________________________________ **Date:** ____________________