

## Extended Field Trip Medication Form- Middle and High School (Grades 6-12)

**Purpose:** This form must be completed for every student taking any medication on an extended field trip outside of the regular school day. Medication includes prescription, over the counter, herbal/homeopathic, and (non)essential oils. Please see Jeffco BOE Policy [Administering Medicines to Students](#) for more information.

- This form must be returned to the Field Trip Coordinator **4** weeks prior to departure allowing for necessary review and planning.
- All medications must be checked in to the Field Trip Coordinator 1-2 days prior to departure unless the medication is designated as a self carry and a self carry contract has been completed
- Please review the parent checklist to make sure all information is complete.
- If your school is providing any over the counter medications, they must be listed below. Please ask your Field Trip Coordinator for the list of provided medications.

**This form must be completed by a medical provider with prescriptive authority in the state of Colorado and signed by a parent/legal guardian **UNLESS no medications are being brought from home.** Parent or legal guardians can sign for OTC medications below without a medical provider signature.**

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
Health Concerns: \_\_\_\_\_ Age: \_\_\_\_\_  
Allergies: \_\_\_\_\_

### **REQUIRED: OVER THE COUNTER MEDICATION PERMISSION:**

The following over the counter medications may be provided by your field trip coordinator, and will be administered per manufacturer's direction, as indicated by Jeffco's standing physician orders (8/2022). These medications are the most commonly used medications for mild discomforts while away from home. Please provide parent approval for administering these medications, as needed. Please also confirm your child's weight per weight based dosing. The field trip coordinator will only be able to administer these OTC medications with your approval.

I give my permission for my child to receive these OTC medication as needed while on the trip (based on weight and dosing chart):

1. Acetaminophen (Children's or Adult Tylenol) - minor aches and pains
2. Ibuprofen (Children's Advil or Children's Motrin or Adult) - minor aches and pains
3. Diphenhydramine (Children's Benadryl or Adult) - for mild allergic reaction. Not to be used for seasonal allergies.

Parent Signature: \_\_\_\_\_

Child's Weight in lbs: \_\_\_\_\_

**Please provide the following information for each medication to be administered on the trip:**

Medication #1: \_\_\_\_\_  
CHECK ONE: As needed \_\_\_\_ Daily \_\_\_\_  
TIMES TO BE GIVEN: \_\_\_\_\_AM/PM DOSE: \_\_\_\_\_  
REASON FOR GIVING: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
*My child can responsibly carry and self-administer this medication    **yes**    **no***

Medication #2: \_\_\_\_\_  
CHECK ONE: As needed \_\_\_\_ Daily \_\_\_\_  
TIMES TO BE GIVEN: \_\_\_\_\_AM/PM DOSE: \_\_\_\_\_  
REASON FOR GIVING: \_\_\_\_\_  
Special instructions: \_\_\_\_\_  
*My child can responsibly carry and self-administer this medication    **yes**    **no***

Medication #3: \_\_\_\_\_  
CHECK ONE: As needed \_\_\_\_ Daily \_\_\_\_  
TIMES TO BE GIVEN: \_\_\_\_\_AM/PM DOSE: \_\_\_\_\_  
REASON FOR GIVING: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
*My child can responsibly carry and self-administer this medication    **yes**    **no***

Medication #4: \_\_\_\_\_  
CHECK ONE: As needed \_\_\_\_ Daily \_\_\_\_  
TIMES TO BE GIVEN: \_\_\_\_\_AM/PM DOSE: \_\_\_\_\_  
REASON FOR GIVING: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
*My child can responsibly carry and self-administer this medication    **yes**    **no***

Medication #5: \_\_\_\_\_  
CHECK ONE: As needed \_\_\_\_ Daily \_\_\_\_  
TIMES TO BE GIVEN: \_\_\_\_\_AM/PM DOSE: \_\_\_\_\_  
REASON FOR GIVING: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
*My child can responsibly carry and self-administer this medication    **yes**    **no***

**Sunscreen, lip balm, and insect repellent** are to be provided by the parent but do not require a medical provider signature. I give my permission for my child to apply these items while on the trip.

Parent Signature: \_\_\_\_\_

I approve administration of the above medications as indicated. I understand if an Individualized Student Health Plan (ISHP) is required for a known health condition, it is my responsibility to notify the district RN and the school administration **8** weeks prior to departure. A school meeting to discuss health planning/ accommodations may be required. According to BOE policy JLC and Colorado Nursing Board Policy #30-04, district nurses have the obligation to call physicians directly to verify orders if needed.

\_\_\_\_\_  
**Signature of healthcare provider with prescriptive authority in Colorado** **Date**

\_\_\_\_\_  
**Print Name of healthcare provider prescribing medication** **Phone**

\_\_\_\_\_  
**Practice/Clinic Name**

\_\_\_\_\_  
**Required Signature of Parent or Legal Guardian** **Date**

District RN review: \_\_\_\_\_ Date: \_\_\_\_\_

**Self Carry Contract is in Place and Signed**    **Yes**    **No**