

# BHS Disney Medication Administration Consent Record

**All students return this form by Jan. 8th even if you will have no meds.**

This Medication Administration Consent Record informs our registered nurse and teachers as to whether or not your child needs medication administered while on this field trip. It also gives permission for the nurse to administer prescription and/or over-the-counter medications to your child. Please be VERY specific so there is no chance for any confusion and contact the nurse if there are questions.

Students are not permitted to carry prescription medications or over-the-counter medications while on this trip unless they have a signed up-to-date Authorization for Administration Form through the school district. In this case, they may be permitted to carry and self-administer their meds, but only as designated by the prescriber through agreement with the school district.

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_\_

Please check one:

- My child may be given over-the-counter meds as needed while on this trip. Please circle which ones.  
Tylenol/Acetaminophen      Tums/Roloids      Aspirin      Motrin/Ibuprofen      Dramamine
- My child will have NO prescription medications while on this trip.
- My child WILL have prescription medications while on this trip.

Please write a FULL LIST of the medications here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: A filled-out section is required for **EACH** medication, including asthma inhalers and epinephrine auto-injectors which are carried by the student. There are 3 forms on this page. Please make copies if you need more.

## Medication #1

If you have a form on file at Baldwin's nurse's office and all of the information is current (2018-2019), you may submit a copy of it along with this form. However, please write "See Attached" on all lines on this form that refer to the copied form from Baldwin. And please sign this form even if you provide copies from Baldwin.

Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Route/Method of Administering (oral, injection, etc.): \_\_\_\_\_

Medication Expiration Date: \_\_\_\_\_

Licensed Prescriber's Name: \_\_\_\_\_

Licensed Prescriber's Address: \_\_\_\_\_

Licensed Prescriber's Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Licensed Prescriber's Signature:** \_\_\_\_\_

**Medication #2**

If you have a form on file at Baldwin's nurse's office and all of the information is current (2018-2019), you may submit a copy of it along with this form. However, please write "See Attached" on all lines on this form that refer to the copied form from Baldwin. And please sign this form even if you provide copies from Baldwin.

Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Route/Method of Administering (oral, injection, etc.): \_\_\_\_\_

Medication Expiration Date: \_\_\_\_\_

Licensed Prescriber's Name: \_\_\_\_\_

Licensed Prescriber's Address: \_\_\_\_\_

Licensed Prescriber's Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Licensed Prescriber's Signature:** \_\_\_\_\_

**Medication #3**

If you have a form on file at Baldwin's nurse's office and all of the information is current (2018-2019), you may submit a copy of it along with this form. However, please write "See Attached" on all lines on this form that refer to the copied form from Baldwin. And please sign this form even if you provide copies from Baldwin.

Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Route/Method of Administering (oral, injection, etc.): \_\_\_\_\_

Medication Expiration Date: \_\_\_\_\_

Licensed Prescriber's Name: \_\_\_\_\_

Licensed Prescriber's Address: \_\_\_\_\_

Licensed Prescriber's Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Licensed Prescriber's Signature:** \_\_\_\_\_

I give permission for the trip nurse to administer the medication(s) I specified on this form (or attached school district authorization) to my child.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

The trip begins on Jan. 17th at noon and ends when we return in the afternoon on Jan. 22nd, 2019. All medication must be administered by the trip nurse regardless of the student's age, section 504 or transition plan. Please send all medical-related questions to marlajo4@comcast.net