

FIELD TRIP MEDICATION PERMISSION FORM

Pawnee Community Unit School District #11

Phone: 625-2231 Fax: 625-2251

(Pg. 25 Pawnee Grade School Handbook) Medications are not sent on field trips unless a specific written request is made by the parent and presented to the school 24 hours prior to the field trip. BY LAW, THE NURSE CANNOT SEND MEDICATION ON FIELD TRIPS. THEREFORE, THE PARENT MUST SEND THE MEDICATION TO SCHOOL ON THE MORNING OF THE FIELD TRIP and the teacher will keep it in a safe and secure place while on the field trip until such time the child requires the medication. The medication will be given to the child to self administer. THE MEDICATION MUST BE IN THE ORIGINAL BOTTLE FROM THE PHARMACY ALONG WITH A NOTE STATING THE TIME THE MEDICATION SHOULD BE TAKEN.

DATE OF FIELD TRIP _____

STUDENT'S NAME _____
Grade _____ Date of Birth _____

NAME OF MEDICATION _____

DOSAGE _____ TIME OF ADMINISTRATION _____

DIAGNOSIS for which the medication is required to be taken _____

I understand that medication is not sent on field trips by the school nurse and the school may reject requests that do not meet the handbook guidelines for field trip medications (pg. 25). The Pawnee School District and its employees and agents incur no liability, except for willful and wanton conduct, as a result of an injury arising from a student's self-administration of medication. I agree to indemnify and hold harmless the Pawnee School District and its employee and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by my child. (Legal reference 105 ILCS 5/22-30)

I request that my child take the above prescribed medication on the field trip. The medication is in the original prescription bottle and I further understand that the medication will be kept by a teacher in a safe place until my child requires the medication. The teacher is not responsible for administering the medication. My child has been instructed on the use and necessity of this medication and he/she is capable of administering the medication independently.

Parent Signature Date

Home Phone Work Phone Cell Phone

To be completed by the school
Date received: _____ Approved by the school nurse: _____
Copies forwarded to: _____