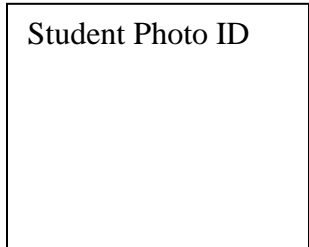


OVERNIGHT FIELD TRIPS ONLY- MEDICATION FORM

Medication Administration by School Employees

Cloverleaf Local Schools

(O.R.C. 3313.713)



Student Name

School

Field Trip start & end dates

The following medications will be the ONLY over-the-counter medications that the school staff will provide on a field trip. All medication will be administered according to standard recommended dosage and must be signed by a physician before administration. **VERBAL PERMISSION WILL NOT BE ACCEPTABLE AT ANY TIME.**

Parents INITIAL each medication that you approve then CIRCLE the amount to be given on a field trip.

____ Tylenol-Jr. chewable 160mg each tablet every 4-6 hrs as needed for headache/muscle pain: 2 tabs 3 tabs

____ Tylenol-Regular 325mg each tablet given by mouth every 4-6hrs as needed for headache/muscle pain: 1 tab 2 tabs

____ Advil- Jr chewable 100mg each tablet every 6-8 hrs as needed for headache/muscle pain: 2 tabs 3 tabs

____ Advil- Liqui-gels 200mg each capsule given by mouth every 6-8 hrs as needed for headache/muscle pain: 1 cap 2 caps

____ Benadryl- liquid 12.5ml/tsp given by mouth as needed for allergy symptoms or allergic reaction: 1 tsp 2 tsp

____ Benadryl chewable tablets 12.5mg by mouth as needed for allergy symptoms or allergic reaction: 1 tab 2 tabs

____ Zyrtec 10mg each tablet given by mouth every 24 hrs as directed for allergy symptoms: 1 tab

-----Tums 750mg chewable tablet given by mouth every 6 hrs as needed for indigestion/heartburn: 1 tab

____ Neosporin spray applied as needed to minor skin abrasions or cuts for antiseptic cleaning & pain relief

Student's known allergies to food, drugs, & insects: _____

Adverse reactions to report: _____

Parent Phone Number for emergency Contact: _____

Special instructions for administration of medication: _____

Name of Physician

Phone

Date

Office Stamp Here

Signature of Physician

(ALL MEDICATION MUST HAVE PHYSICIAN SIGNATURE)

I hereby request and give my permission to the principal, nurse or designee to administer the medication listed above to my child as instructed by physician. Any school employee administering the medication described on the statement of the medication administration shall be entitled to rely upon the information therein contained until such time as a new form is submitted.

Parent/Guardian Signature

Parent/Guardian Initials

Date

High School
Office: 330-302-0328
Fax: 330-302-0530

Middle School
Office: 330-302-0207
Fax: 330-302-0520

Elementary School
Office: 330-302-0103
Fax: 330-302-0080