



Field Trip Authorization and Medication Administration Record

To be completed by parent/guardian:

Student's Name: _____ Grade: _____ Date: _____

Birth Date: _____ School: _____

Parents' Names Father: _____ Mother: _____

Guardian: _____

Telephone Home: _____ Emergency Contact: _____

Father's Work: _____ Mother's Work: _____

Physician: _____ Hospital: _____

When requested by a physician or a parent, during school hours and/or a school activity, the teacher or designated assistant may assist with medication administration to students. This form must be completed and signed by the school nurse and the parent or guardian.

For the safety of all students, it will be the responsibility of the parent/guardian to transport medication. All medication should be brought in prescription labeled bottles or manufacture's labeled bottle with directions for use.

This release form authorizes the school nurse or designee to follow the parent's request according to the original label or physician's orders and communicate with the doctor as needed. The Boise School District cannot assume any liability for consequences, which arise as a result of following the manufacture's label or doctor's orders. Please sign and return to the school Health Office.

Parent/Guardian Signature Date

Teacher/Designated Assistant Nurse

Name of Medication _____

Dosage and directions: (Copy from Label) _____

Medication Administration Record

<u>Date</u>	<u>Time</u>	<u>Initials</u>	<u>Date</u>	<u>Time</u>	<u>Initials</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____