



UPPER SCHOOL PERMISSION FOR MEDICATION

Faculty who are accompanying students on off campus trips must be aware of all prescription medication(s) that each student is taking during the trip other than Over the Counter medication i.e. Acetaminophen, Ibuprofen, Pepto Bismol, Benadryl etc..... All prescribed medications must be in the original pharmacy container with the current date and physician's name listed. Do not send any medication without this completed permission form. Responsible students may self- carry their asthma inhaler with parental consent (see below).

Name of Student _____ Grade _____

Medication to be given _____

Dosage _____

Purpose of medication _____

Time of day medication is to be given _____

Possible side effects _____

Anticipated number of days medication is to be given _____

Will medication need refrigeration? _____

STUDENT SELF-ADMINISTRATION – ONLY FOR OFF-CAMPUS EXCURSIONS

With the authorization of a parent and physician, an US student may self-administer the above noted medication on off-campus trips. **Send only the amount of medication necessary for the duration of the trip.** All medications must be in the original pharmacy bottle. **With this authorization the student is solely responsible for administration of medication – no faculty will remind the student about his or her medication.**

As the parent/guardian of _____ (student name), I give my permission for him/her to carry and self-administer the above named medication when on a school sponsored excursion. As the parent/guardian, I accept responsibility for any misuse of this medication. I have discussed this procedure with my student.

Signature of Parent: _____ Date: _____

FACULTY ADMINISTRATION ADMINISTERING MEDICATION

I give my permission for a CSS faculty member to administer the above medication as ordered during the off-campus excursion. All medication should be delivered first to the Infirmary Coordinator. It is the parent's responsibility to provide this medication in the originally labeled pharmacy container. Send only the amount of medication necessary for the duration of the trip.

Signature of Parent _____ Date _____ Phone _____