



**THE COLORADO SPRINGS SCHOOL
UPPER SCHOOL MEDICATION PERMISSION FOR TRIPS**

During off campus excursions, a student may need to take certain medications, vitamins, and supplements. We allow self administration of vitamins, supplements, and oral contraception, but prescription medications must be administered by a CSS faculty member in addition to any over the counter medications to address any symptoms such as headache, gastrointestinal symptoms, allergies, colds or injuries. CSS Faculty will travel with a First Aid Kit. If your student has an EpiPen for severe allergic reactions, this will be transported by a CSS Faculty member.

Name of Student _____ Grade _____

Name of Off-campus event _____

PRESCRIPTION MEDICATION:

Name, Dose, Time of day to be given, # of days to be given, any special instructions for each medication. (ie. refrigeration, etc.). These medications will be transported and administered by a CSS faculty member. All medication should be delivered to the Health 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.

I give my permission for a CSS faculty member to administer the above medication as ordered during the off-campus excursion.

Signature of Parent _____ Date _____ Phone _____

STUDENT SELF-ADMINISTERED MEDICATION/VITAMINS/SUPPLEMENTS:

Name, dose, time of day to be taken by student for any vitamins, supplements, etc. These medications and supplements are to be transported and administered by the student. Send only the amount of medication necessary for the duration of the trip. All medications must be in the original bottle containing the name and dose of contents. **With this authorization the student is solely responsible for transporting and administering their medication – no faculty will remind the student about his or her medication.**

I give my permission for my child, _____, to carry and self-administer the above named vitamin, supplement, etc. 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 _____ Phone _____

INHALERS:

_____ Please check here if your student will self carry an Inhaler for Asthma during this trip.

Signature of Parent _____ Date _____ Phone _____