

# DUBLIN SCHOOLS

## DUBLIN UNIFIED SCHOOL DISTRICT

### FIELD TRIP MEDICATION ADMINISTRATION

My child \_\_\_\_\_ will be attending a field trip on \_\_\_\_\_,  
Student Date(s)  
from \_\_\_\_\_ to \_\_\_\_\_.  
Time Destination

I authorize: \_\_\_\_\_ to administer medication(s) to my child  
Teacher

while on the field trip. I will have a "Medication Administration Consent Form" completed and signed by myself, and the physician for **all** medications to be administered during the field trip. Each medication will be in a pharmacy labeled container, containing only the quantity needed for administering during the field trip. All medications must be kept by the teacher.

Medication	Dosage	Time	Route

Precautions, special instructions, possible adverse side effects, or other comments:

For recording by teacher:

Administered by: \_\_\_\_\_ Time(s): \_\_\_\_\_

Medication	Dosage	Time	Route

Precautions, special instructions, possible adverse side effects, or other comments:

For recording by teacher:

Administered by: \_\_\_\_\_ Time(s): \_\_\_\_\_

Medication	Dosage	Time	Route

Precautions, special instructions, possible adverse side effects, or other comments:

For recording by teacher:

Administered by: \_\_\_\_\_ Time(s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PROCEDURE FOR ADMINISTRATION OF MEDICATION DURING FIELD TRIP

1. Parent to obtain "*Medication Administration Consent Form*" from school office. Form to be completed by parent and physician and returned to school office.
2. Parent to obtain and complete "*Field Trip Medication Administration*" form and return to school office **along with** "*Medication Administration Consent Form*" for **each** medication to be given during field trip.
3. Parent to bring medication to school office, in pharmacy labeled container with instructions the **same** as what is written on the two consent forms. Quantity of medication should **only** be what is to be administered on the field trip.
4. If a "*Medication Administration Consent Form*" is already at the school site, a photo copy is given to the teacher along with the "*Field Trip Medication Administration*" form.
5. If a student has an Action Plan already in place at school, i.e. Asthma Action Plan, Diabetic Action Plan, Moderate-Severe Allergy Action Plan, a photo copy should also be given to the teacher.
6. Teacher will be in-serviced on administration of medications by school nurse.
7. Teacher will have on the field trip:
  - a. "*Medication Administration Consent Form*" for each medication to be given.
  - b. "*Field Trip Medication Administration*" form.
  - c. Action Plan if necessary.
  - d. Medication in pharmacy labeled container.
8. Teacher will administer medication according to "5 Rights of Medication Administration"
  - Right Student
  - Right Medication
  - Right Dosage
  - Right Time
  - Right Route
9. Teacher will record administration of medication on "*Field Trip Medication Administration*" form and upon returning to school, give signed form to health clerk to file in student's health folder.