

Lee's Summit R-7 School District

**OFF-SITE FIELD TRIP
PARENT PERMISSION FORM FOR ADMINISTRATION OF
MEDICATION**

Name: _____ Date of Birth: _____

Age: _____ School: _____ Destination of Trip: _____

Date(s) of trip: _____

Known Drug Allergies (list) _____

Name of Medication to be given during the trip: _____

Reason for Medication: _____

Dosage: _____ Time(s): _____

Name of Medication to be given during the trip: _____

Reason for Medication: _____

Dosage: _____ Time(s): _____

Name of Medication to be given during the trip: _____

Reason for Medication: _____

Dosage: _____ Time(s): _____

Physician's Name: _____ Phone Number: _____

- I hereby give permission for a district representative and/or chaperone to administer the above listed medication during the trip and have access to my student's medical information as needed.
- I have given the first dose of medication at home.
- I agree to provide the above listed medication in its original container and to send only the amount of medication that will be needed during the trip.

Parent/Guardian Signature: _____ Date: _____

Administration of Medications to Students

School-Sponsored Music Trip
Lee's Summit West High School
March 2013

The Lee's Summit R-7 School District prohibits students from possessing or self-administering medications during district activities unless explicitly authorized in accordance with this policy.

Over the Counter Medications:

High school students may carry and self-administer legal non-prescription medications without an order from a licensed prescriber. The medication must be listed on the Medical Information Form submitted by the parent/guardian.

Prescription Medications:

The parent/guardian must provide the district with written permission to administer the medication before the district will administer the prescription medicine to the student.

Possession and Self-Administered Prescription Medications:

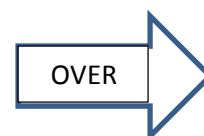
In order for the student to possess and self-administer any prescription medication, the following must occur:

1. The medication must be prescribed or ordered by the student's physician.
2. The physician has provided a written treatment plan for the condition for which the medication was prescribed or authorized that includes a certification that the student is capable of and has been instructed in the correct and responsible use of the medication and has demonstrated to the physician or the physician's designee the skill level necessary to use the medication.
3. The student has demonstrated proper self-administration technique to the school nurse.
4. The student's parents have signed a statement authorizing self-administration and acknowledging that the district and its employees or agents will incur no liability as a result of any injury arising from the self-administration of such medication unless such injury is a result of negligence on the part of the district or its employees or agents.

***I hereby agree that all four conditions are met and my student _____,
is able to self-administer prescription medication during the school music trip March 14 – March 18, 2013.***

Parent/Guardian Signature

Date



District Personnel-Administered Prescription Medications:

In the event that the former four conditions are not met prior to the district activity, the student will not be allowed to possess or self-administer the medication. Parent/guardians must provide the district with written permission to administer the medication before the district will administer the prescription medication to the student. A registered professional nurse will train unlicensed school personnel in the possession and administration of medication. In accordance with law, any trained employee will be held harmless and immune from civil liability for administering medication in good faith and according to standard medical practices.

The trained unlicensed personnel must maintain thorough documentation of all medications administered to students.

I hereby grant permission to trained unlicensed school personnel to administer prescription medication to my student _____, during the school music trip March 14 – March 18, 2013.

Parent/Guardian Signature

Date

Consequences:

Students who possess or consume medication in violation of this policy during a district activity may be disciplined up to and including suspension or expulsion. Employees who violate this policy may be disciplined up to and including termination.

Please note that the Prescription Medication Policy will be strictly adhered to as follows:
" The parent/guardian must provide the district with written permission to administer the medication before the district will administer the prescription medication to the student. The prescription label will be considered the equivalent of a prescriber written directions, and a separate document is not needed."

NO MEDICATION WILL BE ACCEPTED OR ADMINISTERED UNLESS IT IS IN A CURRENT PRESCRIPTION BOTTLE WITH THE STUDENT'S NAME ON THE LABEL.

Parent/Guardian Signature _____ Date _____