Mukilteo School District

# EXTENDED FIELD TRIP MEDICATION AUTHORIZATION

Student: _____ DOB: _____ School: _____

Teacher: _____ Grade: _____ Trip Date: _____ to _____

- Medical Diagnosis: _____
- Name of Medication: _____
- ☐ Daily ☐ As Needed … Dose: _____ Time: _____

Directions: _____

Possible Side Effects: _____

☐ Yes ☐ No ☐ N/A Student may carry and self-administer inhaler.
☐ Yes ☐ No ☐ N/A Student is allowed to possess and self-administer above named asthma or anaphylaxis medication. Student has been trained in purpose, method and frequency (RCW28A.210)

_____
*Licensed Prescribing Health Professional Signature*

_____
*Title*

Printed Name: _____ Date: _____

Phone No. _____ FAX No. _____

## PARENT PERMISSION

Mukilteo School District procedures for administering medication to students are adhered to while your child is on a field trip. Prescription and non-prescription medications, such as Tylenol and Advil are included in these procedures. Each medication must be provided in the original container with the child's name. We must have specific written directions from the physician and a signed request from you for each medication. We cannot accept any medication without the medical providers written directions and signature and your signed request. Students requiring epinephrine injections for life threatening conditions (i.e. severe allergic reaction to bee stings or foods) shall provide the school with Epipen injectable medication. Please inform us ahead of time so that staff can be trained to be of assistance to your child. Students with asthma may carry and use their own inhaler only with written permission from a licensed health care professional. The School District will substantially comply with the schedule of administration indicated by the licensed health professional prescribing within the scope of his/her prescriptive authority. Parents shall agree in writing that due to field trip activities and other factors, administration of dosages may be interrupted. Having read the above, I hereby request that medication be stored and dispensed during the term of this field trip. And furthermore, I will hold the school district and school personnel harmless from any liabilities that might result from administration of medication or lack of administration of medication self-administration of asthma or anaphylactic medication. Having read the above, I hereby request that medication be stored and dispensed by an authorized school district staff member.

☐ I request that my child be allowed to carry and self-administer his/her prescribed asthma or anaphylaxis medicine recognizing that RCW 28A.210 requires the student to demonstrate to the medical provider/designee and school nurse the skill level necessary to use the medicine and any device necessary to administer it as prescribed.

| _____ | _____ | _____ |
|---|---|---|
| *Parent/Guardian Signature* | *Date* | *Phone No.* |