

# Extended Field Trip Medication Form- Middle and High School (Grades 6-12)



**Purpose:** This form must be completed for every student taking any medication on an extended field trip outside of the regular school day. Medication includes prescription, over the counter, herbal/homeopathic, and (non)essential oils. Please see Jeffco BOE Policy [Administering Medicines to Students](#) for more information.

- This form must be returned to the Field Trip Coordinator **4** weeks prior to departure allowing for necessary review and planning.
- All medications must be checked in to the Field Trip Coordinator 1-2 days prior to departure.
- Please review the parent checklist to make sure all information is complete.
- If your school is providing any over the counter medications, they must be listed below. Please ask your Field Trip Coordinator for the list of provided medications.

*This form must be completed by a Medical Provider and signed by a parent/legal guardian. A Medical Provider must have prescriptive authority in the state of Colorado.*

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
Health Concerns: \_\_\_\_\_ Age: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Please provide the following information for each medication to be administered on the trip:

**Medication #1:** \_\_\_\_\_

**CHECK ONE:** As needed \_\_\_\_ Daily \_\_\_\_

**TIMES TO BE GIVEN:** \_\_\_\_\_ AM/PM

**REASON FOR GIVING:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

***My child can responsibly carry and self-administer this medication***      **yes**      **no**

**Medication #2:** \_\_\_\_\_

**CHECK ONE:** As needed \_\_\_\_ Daily \_\_\_\_

**TIMES TO BE GIVEN:** \_\_\_\_\_ AM/PM

**REASON FOR GIVING:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

***My child can responsibly carry and self-administer this medication***      **yes**      **no**

*(Please see the back for additional medications)*

**Sunscreen, lip balm, and insect repellent** are to be provided by the parent but do not require a Medical Provider signature. I give my permission for my child to apply these items while on the trip.

Parent Signature: \_\_\_\_\_

I approve administration of the above medications as indicated. I understand if an Individualized Student Health Plan (ISHP) is required for a known health condition, it is my responsibility to notify the district RN and the school administration **8** weeks prior to departure. A school meeting to discuss health planning/accommodations may be required.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

District RN review: \_\_\_\_\_ Date: \_\_\_\_\_

Medication #3: \_\_\_\_\_

CHECK ONE: As needed \_\_\_\_ Daily \_\_\_\_

TIMES TO BE GIVEN: \_\_\_\_\_AM/PM

REASON FOR GIVING: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

*My child can responsibly carry and self-administer this medication*      *yes*      *no*

Medication #4: \_\_\_\_\_

CHECK ONE: As needed \_\_\_\_ Daily \_\_\_\_

TIMES TO BE GIVEN: \_\_\_\_\_AM/PM

REASON FOR GIVING: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

*My child can responsibly carry and self-administer this medication*      *yes*      *no*

Medication #5: \_\_\_\_\_

CHECK ONE: As needed \_\_\_\_ Daily \_\_\_\_

TIMES TO BE GIVEN: \_\_\_\_\_AM/PM

REASON FOR GIVING: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

*My child can responsibly carry and self-administer this medication*      *yes*      *no*

Medication #6: \_\_\_\_\_

CHECK ONE: As needed \_\_\_\_ Daily \_\_\_\_

TIMES TO BE GIVEN: \_\_\_\_\_AM/PM

REASON FOR GIVING: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

*My child can responsibly carry and self-administer this medication*      *yes*      *no*

Medication #7: \_\_\_\_\_

CHECK ONE: As needed \_\_\_\_ Daily \_\_\_\_

TIMES TO BE GIVEN: \_\_\_\_\_AM/PM

REASON FOR GIVING: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

*My child can responsibly carry and self-administer this medication*      *yes*      *no*

Medication #8: \_\_\_\_\_

CHECK ONE: As needed \_\_\_\_ Daily \_\_\_\_

TIMES TO BE GIVEN: \_\_\_\_\_AM/PM

REASON FOR GIVING: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

*My child can responsibly carry and self-administer this medication*      *yes*      *no*



### Parent Checklist for Extended Field Trips:

- \_\_\_ Consult with your child's Medical Provider to complete the *Extended Field Trip Medication* form if your child will require any over the counter or prescription medications.
- \_\_\_ All over the counter medication including herbal/homeopathic medications and (non)essential oils, vitamins must be provided in the original packaging with age appropriate dosing.
- \_\_\_ All prescription medication must be supplied in the original pharmacy labeled container.
- \_\_\_ Expired medication will NOT be accepted or administered.
- \_\_\_ All asthma rescue inhalers and epinephrine auto-injectors must be accompanied with a Colorado State Asthma and/or Allergy/Anaphylaxis ISHP completed by your child's Medical Provider and your signature.
- \_\_\_ Sunscreen, lip balm, and insect repellent are PREVENTATIVE in nature and do not require a Medical Provider's signature but **do require** parent permission. Your child may pack these items in his/her luggage.
- \_\_\_ Send **ONLY** the amount of medication needed for the trip, plus one extra. (example: 6 pills for 5 days).
- \_\_\_ All over the counter medications must be labeled with your child's name.
- \_\_\_ All medication must be checked-in at school 1-2 days prior to departure unless self-carry has been previously approved with Medical Provider, parent, and district RN. Please consult with your Field Trip Coordinator regarding the specific date and time of medication check-in.
- \_\_\_ In the unlikely event that medications must be checked-in the day of the trip or at the airport, please ensure that all the above criteria has been met.
- \_\_\_ Your child's school will **NOT** automatically send your student's medication from the Health Room. You must make arrangements with the School Health Aide if you are making this request.
- \_\_\_ Medication samples must also be accompanied by **written prescription** and the *Extended Field Trip Medication* form from your child's Medical Provider.
- \_\_\_ At the conclusion of the trip, all remaining medications must be picked up from the Field Trip Coordinator.

## **Field Trip Coordinator checklist for Extended Field Trips:**



\_\_\_ Provide a list of students attending field trip to the Administrator /Health Aide/District RN-**12 weeks prior to departure date.**

\_\_\_ Field Trip Coordinator will distribute the *Extended Field Trip Medication* form to parents at the parent meeting. This form **must** be completed by the student's Medical Provider and signed by parents. This form is be distributed 8 weeks prior to trip departure and returned by 4 weeks of trip departure to allow time for proper review and training/delegation.

\_\_\_ Field Trip Coordinator will send home Jeffco International/Domestic Overnight student travel Parent/Guardian Emergency form District Policy JJH-E4 8 weeks prior to trip departure.  
<https://www.boarddocs.com/co/jeffco/Board.nsf/goto?open&id=87CUDH5E56D3>.

\_\_\_ District RN will schedule appropriate teacher/staff training and delegation 1-2 weeks prior to departure date.

### **Reminders regarding medications prior to departure:**

\_\_\_ All prescription medications must be supplied in the original pharmacy labeled container.

\_\_\_ All over the counter medications must be in the original package.

\_\_\_ All medications including anti-anxiety, anti-depressants, ADHD (Ritalin/Adderall) or any other controlled substances will be collected by Field Trip Coordinator to manage, *unless* the student has been approved to self-carry medication by parent, medical provider, and RN.

\_\_\_ Expired medication will not be accepted.

\_\_\_ Only the amount of medication needed plus one dose should be provided/accepted.

\_\_\_ Ensure that all ISHPs are gathered from the RN/health aide.

\_\_\_ Schedule with RN, a date/time/location for parent medication **check-in** 1- 2 days prior to departure.

### **Medication reminders at departure and during the trip**

\_\_\_ If medications must be checked-in the day of the trip or at the airport; ensure that all of the above criteria have been met. Discuss planning for this possibility with RN.

\_\_\_ All medication must be transported securely and all confidential medical documentation must be accessible but in a protected/secured location. (Examples: All medication is kept in possession of the Field Trip Coordinator at all times along with appropriate paperwork/administration logs; caution with hot/cold temperatures and meds etc.)

\_\_\_ Controlled medication should be locked or not readily visible while out during the day's events.

\_\_\_ All medication administration must be documented on the appropriate form at the time of administration.

\_\_\_ All medications must be returned to parent at the conclusion of the trip.

**Talking points to be emphasized at parent meeting:**

- \_\_\_\_\_ Parents should provide only the amount of medication needed for the specific time period plus one extra. (Ex 6 pills for 5 days, not 40 in a bottle)
  
- \_\_\_\_\_ High School/Middle School students may self-carry and self-administer if medical provider/parent have approved on the *Extended Field Trip Medication Administration* form, and RN agrees.
  
- \_\_\_\_\_ If any over the counter medication is going to be provided by the school, every student must have a completed *Extended Field Trip Medication Administration* form with approval from parent and medical provider in order to administer each medication. Please provide parents a list of all medications provided by the school.

After Hours District RN Consultation:

**Julie Wilken RN: 720-341-4760 OR Jody Dickerson RN: 720-315-3842.**

**In ANY EMERGENCY, call 911 based upon District 911 Guidelines.**