



**MIDLAND COMMUNITY SCHOOL DISTRICT
OVERNIGHT/EXTENDED STAY TRIP MEDICAL AUTHORIZATIONS**



To be completed by parent/guardian of students with health conditions and/or will require medications be taken during the event/trip:

Student Name: _____ **Date of Birth:** _____

I have shared pertinent medical information with the sponsoring group/chaperones/travel agency.

_____ Yes _____ No If no, please explain: _____

My child is competent in independently managing their health condition(s). I request that my child be allowed to independently manage their health condition during the event/trip. If medical supplies are required, my child will have enough supplies with them to last the entire trip/event.

_____ Yes _____ No If no, please explain: _____

MEDICATION AUTHORIZATION

Will this student require medications, prescription or over the counter, during the trip/event?

_____ Yes _____ No

All medication, whether prescription or over the counter (Tylenol/Advil/Allergy medicine etc), must be in the original pharmacy bottle or OTC packaging properly labeled with the student's name.

Medication #1: _____ Comments: _____

Medication #2: _____ Comments: _____

Medication #3: _____ Comments: _____

My child is competent in independently managing their medications. I request that my child be allowed to independently carry and take their own medications during the trip/event.

_____ Yes _____ No If no, please explain: _____

I request the above-named student possess and self-administer their own medication(s) on the overnight/extended stay school trip according to the authorization and instructions.

- My child understands that he/she/they are not allowed, under any circumstances, to share medications with any other person during the trip/event.
- I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or for supervising, monitoring, or interfering with a student's self-administration of medication.
- If Midland Community School District personnel determine a student abuses the self-administration, the appropriate personnel may either withdraw the self-administration privilege, if medically advisable, or discipline the student, or both.

_____ Yes _____ No

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Return this form to the School Nurse

Health office staff: make a copy and give it to the field trip chaperone/advisor.

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