

Student Name: _____ Date of Birth: _____

MEDICATION PERMISSION FOR WASHINGTON, DC FIELD TRIP

Cherry Hill District Policy and NJ State Law require that all medication must be administered by a nurse. **ONLY medically necessary medications** will be administered by the nurse on the trip. Please administer any daily morning medications to your child before the trip. *Keep in mind that we are at a museum and there is not a private medical area to administer medication.*

- All medications including over the counter medications **require a doctor's written order.**
- The only exception is Acetaminophen (Tylenol) and Ibuprofen (Advil or Motrin) which can be given with the signed permission of a parent/guardian.
- All medication must be labeled clearly and given to the school nurse by **Wednesday, May 22nd.** **MEDICATION MUST BE BROUGHT TO SCHOOL BY A PARENT OR TRUSTED ADULT.**
- Medications **MUST** be in the original pharmacy bottle with the label intact. Do not include extra doses. **It must be in a ziplock bag with the student's name.**
- **One medication form** should be used for **EACH** medication. If additional forms are needed, please contact Angela Mooney at x3317.
- If you child already has an Asthma Action Plan and/or orders for Epinephrine, you do NOT need to provide new orders. They can continue to self-carry their medication.

I request the enclosed medication to be administered to my child according to the physician's written orders which will accompany the medication.

The nurse has my permission to administer a weight based dose of (**choose only one**):

_____ Acetaminophen

_____ Ibuprofen

_____ I do NOT want Acetaminophen or Ibuprofen given to my child.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

I request the enclosed medication to be administered to my child according to **the physician's written orders** which accompany the medication.

Name of Student: _____

Diagnosis: _____

Medication: _____

Dosage and Time: _____

PHYSICIAN'S SIGNATURE: _____

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

**MEDICATIONS WILL NOT BE ACCEPTED THE
MORNING OF THE TRIP!**