

Summit School

Authorization for Medication on Off Campus Trips

No medications can be administered by either school personnel or self (student) without the written authorization of a physician / health care provider and parent

This authorization will remain in effect for:

_____ entire school year 2010-2011

_____ Other Dates: _____

Parents will be responsible for obtaining new forms if changes in medications are made during the year.

Student Name: _____ Grade: _____ Date of birth: _____

Medication: _____ Dosage _____ Time _____

If applicable: possible side effects and action to be taken _____

Medication: _____ Dosage _____ Time _____

If applicable: possible side effects and action to be taken: _____

Medication: _____ Dosage _____ Time _____

If applicable: possible side effects and action to be taken: _____

Medication: _____ Dosage _____ Time _____

If applicable: possible side effects and action to be taken: _____

Physician Signature: _____ date: _____

I request and give permission for Summit School faculty to administer the above medication(s) during off campus trips. I hereby release Summit School and their employees from any and all liability that may result from the administration of the above medication(s).

Parent Signature: _____ date: _____

All medications must be in their pharmacy labeled bottle or for over-the-counter (example Zyrtec) in their original product container. Send only as many doses as required for the trip. Please place medication bottles in a plastic bag clearly labeled with the student's name.

Please bring the medications to the school 3 days prior to the trip to allow us time to prepare medication sign out sheets.

To comply with privacy regulations, Summit School will only disclose Protected Health Information (PHI) to outside agencies with written authorization from parent/guardians.

This form may be signed by parent/guardian, faxed to physician and faxed to Summit at 724-0099.