

ORLANDO TRIP MEDICATION RESPONSIBILITY FORM

Student Name: _____

****All Students and parents must complete this form and have it on file with the trip nurses before leaving North Allegheny Senior High School on March 28, 2012.****

Please check all that apply and provide any corresponding information:

No prescription / OTC medications carried with student

_____ My child will NOT be carrying any medications on this trip. Please follow the guidelines on his/her health form if an OTC medication is needed from one of the trip nurses.

Prescription / OTC medications carried with student

_____ I/We hereby authorize our son/daughter, named above, to self-medicate with his/her prescription or over-the-counter medications. The student will keep the medication with himself/herself and will be solely responsible for it. I/We further agree to hold the North Allegheny School District and its representatives harmless relative to this student's administration of these medications. These medications are listed below:

_____	_____
_____	_____
_____	_____

Prescription medications carried with NURSE

_____ I/We hereby request the nurses to dispense prescription medication to our son/daughter. **A note to parents:* all prescription medications to be dispensed by the nurses for your son/daughter need to be in their original prescription bottle w/pharmacy label. Inhalers need to have the box w/pharmacy label. Please put all prescription medications in a ziploc bag w/your son/daughter's name on the front and hand it to one of our nurses the **morning of departure, March 28**. The nurses will have a cooler for medications that need to be refrigerated during the trip. These medications are listed below:

_____	_____
_____	_____
_____	_____

Parent Signature: _____

Parent Contact Number: _____
