

WASHINGTON, D.C. MEDICATION PERMISSION FORM

For our Washington, D.C. trip, students are not permitted to carry with them prescription or over the counter medications. Medications are not sent on the Washington, D.C. trip unless a specific written request is made by the parent and presented to the CAK Medical Coordinator **4 days** prior to the field trip. **BY LAW THE MEDICAL COORDINATOR CANNOT SEND ANY MEDICATION ON ANY FIELD TRIPS, INCLUDING THE WASHINGTON, D.C. TRIP. THEREFORE, THE PARENT MUST SEND THE MEDICATION TO SCHOOL ON THE MORNING OF THE TRIP, NOVEMBER 7, 2017** and the Medical Coordinator will keep the medications in a safe and secure place while on the Washington, D.C. trip until such time the child requires the medication (prescription medication) or there arises an need by the student as deemed proper by the Medical Coordinator for dispensing any over the counter medication delivered by the parent hereunder. The medications will be given by the Medical Coordinator to the student to self administer. **THE MEDICATION(S) MUST BE IN THE ORIGINAL BOTTLE FROM THE PHARMACY ALONG WITH A NOTE STATING THE TIME THE MEDICATION SHOULD BE TAKEN OR IN THE CASE OF OVER THE COUNTER MEDICATION IN THE MANUFACTURER'S ORIGINAL CONTAINER OR PACKAGE.** This permission form will only be valid for the duration of the Washington D.C. trip (November 7-10, 2017). Unused medication(s) will be returned to you upon the conclusion of the trip.

DATE OF THE WASHINGTON, D.C. TRIP: November 7-10, 2017

STUDENT'S NAME _____ **Date of Birth:** _____

NAME OF MEDICATION _____

DOSAGE _____ **TIME OF ADMINISTRATION** _____

DIAGNOSIS for which the medication is required to be taken _____

I understand that medication is not sent on field trips by the school nurse and the school may reject requests that do not meet the above guidelines for field trip medications. CAK and its employees and agents incur no liability, except for willful and wanton conduct, as a result of an injury arising from a student's self-administration of medication. I agree to indemnify and hold harmless CAK and its employee and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by my child. I request that my child take the above prescribed prescription medication or have access to the delivered over the counter medication while on the Washington D.C. trip. The medication(s) are in the original prescription bottle or manufacturer's original container and I further understand that the medication(s) will be kept by the CAK Medical Coordinator in a safe place until my child requires the medication(s). The CAK Medical Coordinator is not responsible for administering the medication(s). My child has been instructed on the use and necessity of this medication(s) and he/she is capable of administering the medication independently.

Parent Signature _____ Date

Home phone _____ Work phone _____ Cell phone

<i>To be completed by CAK</i>	
Medication(s) received: _____	
Date received: _____	Approved by Medical Coordinator: _____