Student Name: _____

MEDICATION ADMINISTRATION FORM*

DWIGHT D. EISENHOWER SCHOOL

344 CALVIN COURT, WYCKOFF, NEW JERSEY 07481

Dear 6th Grade Parents/Guardians,

If it is necessary for your child to take medications during the 6th Grade Fairview Lake Trip, the information below must be completed by you and/or your child's physician along with the physician's stamp. If the medication is not listed on this form (both prescription and over-the-counter), the nurse will not be permitted to have it administered on the trip. This form **must** be returned by **September 8, 2026**. This is NOT in place of the Student Medical Disclosure form posted on the Fairview Lake Trip website.

Part 1 *(required to bring over-the-counter medications):* To be completed by the Parent/Guardian and signed by the child's Doctor if taking non-prescription medication.

- **If over-the-counter medication is authorized by Parents and the child's doctor, students must send their own over-the-counter medication in the original labeled container.**
- ***Please send the number of pills you feel your child might need, not a full bottle.***
- **Tylenol, Tums, Ibuprofen and Cough drops do not need to be signed off by a doctor if you complete the online form at the beginning of the school year. Any other over-the-counter medicine must be signed off by a doctor in order to send it on the trip.**

_____ **I am giving permission** for my child to have the nurse administer the **over-the-counter** medications listed below.

Medication #1: _____Dosage: _____Frequency: _____Reason:_____

Medication #2: _____Dosage: _____Frequency: _____Reason:_____

Medication #3: _____Dosage: _____Frequency: _____Reason:_____

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

Physician Signature: _____ **Date:** _____

Physician's Stamp:

Student Name: _____

Part 2 ***(required to bring prescription medications):*** **To be completed by Doctor/Doctor's Office ONLY IF prescription medication has to be taken during the trip. Parent signature is also needed.**

- **Prescription medication must be in the original container.**
- **Epipens, inhalers and any emergency medications should also be listed below. Please note if you are sending it from home or from the nurse's office at EMS.**
- ***Please send only the number of pills your child will need for the trip, not a full bottle.***

I authorize _____ (patient's name) who is under my care, to have the nurse administer the prescribed medication listed below, with parent permission, during a school trip. Medication administration instructions have been given.

Medication #1: _____Dosage: _____Frequency: _____Reason:_____

Medication #2: _____Dosage: _____Frequency: _____Reason:_____

Medication #3: _____Dosage: _____Frequency: _____Reason:_____

Medication #4: _____Dosage: _____Frequency: _____Reason:_____

Parent/Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Physician's Stamp: