

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: