

**Germantown Municipal School District
Out of Town Field Trip Medication Administration Form**

Parent completes the top portion, signs and returns the form to the trip coordinator. .

School: _____ School Year: _____

Student's Name _____ Grade _____ Teacher _____

Date of Trip _____ Location of Trip _____

Name of Medication _____ Dose to be Administered _____

Route of Administration _____ Time to be Administered _____

Please choose an option for the administration of your child's medication on the above mentioned trip. In doing so, I acknowledge that a GMSD nurse **Will NOT** be in attendance, nor send any medication from school. Sign below and return to the Trip Coordinator.

_____ I will accompany my child and I will carry and administer the above medication myself.

_____ I authorize staff or chaperone to assist my child in self-administering the above medication. I will provide the medication in the prescribed bottle to the staff/chaperone on the day of the trip.

Designee Signature

Date

Parent Signature

Date

Attach to Student's MAR sheet for medication administered on the field trip.

Student Name _____ Date of Trip _____

Medication Name	Dose	Time of Administration	Route	Signature

Procedure:

Type of Procedure	Time	Signature	Outcome

Additional Comments: _____