

Chelsea High School Overnight Field Trips

Medication Information

- ALL Medication, whether Prescription or Over-the-Counter, must be turned in to the school nurse 3 days prior to the scheduled field trip by the student's parent/guardian or another responsible adult. Unless medication is a self-Carry medication and has prior authorization from the School Nurse.
- The parent/guardian must sign a School Medication Authorization Form before any medication can be administered on Field Trips or self-carried.
- For Prescription medications, a current dated pharmacy labeled container is required which includes the student's name, physician name, name of the medication, strength, dosage, time interval, route and **ONLY bring the amount needed for the field trip.**
- For Over-the-Counter medications, an unexpired, unopened, age appropriate, original manufacturer's container is required and all manufacturer's labeling must be clearly legible. The student's name must be written on the container.
- All unused medications not picked up by parents/guardians by the last day of each school year will be discarded. No medication, including emergency, can be kept over the summer months.
- Non-FDA approved supplements/substances used to treat medical conditions, including essential oils and CBD-type can NOT be administered at school or on field trips.

If you have any questions concerning the medication procedures, please contact me (Ashley Fields) by phone at (205) 682-7201 or email: afields@shelbyed.org . Medication Authorization forms are available upon request or can be found on the Shelby County Website in the Student Health Services section.

Chelsea High School

Overnight Trip Letter from the Nurse

We are excited about the field trip for your student to _____ on _____ . To ensure that your child has a safe trip, please completely fill out the following information for your student. Please include information that was filled out at the beginning of the year and conditions that are already on file. This information will better allow us to plan for and meet any unexpected medical needs your child may have on the trip.

Student Name: _____

Date of Birth: _____

Weight: _____ lbs

Pediatrician: _____

Phone #: _____

Motion Sickness? Y or N

Insurance: **YES** Carrier: _____

Policy holder name: _____

or **NO**

Allergies to Medicines: _____

Food Allergies: _____

Medical Conditions: _____

Will your student have a parent attending? YES or NO

**If yes, and the parent intends to bring, carry, and give their child's medications. Skip to the signature.

**If no, please complete the following section:

- ❖ If the medication is taken at school, the nurse will arrange for that medicine to go on the trip.
- ❖ If your child has a medication that must be given by a medication assistant, please list below and complete the attached forms as per Shelby County guidelines. Please let the nurse know if you need assistance with forms.

Medications routinely taken at home that will need to be given on the trip:

Medicine and Dose	Time(s) given	Prescription?
_____	_____	YES or NO
_____	_____	YES or NO
_____	_____	YES or NO
_____	_____	YES or NO

Parent/Guardian Signature

Date

Reminders:

- ★ We discourage sending OTC meds on field trips unless it is a medication that your student routinely takes for a chronic health condition.
- ★ You may send a sunscreen lotion (not aerosol/spray) for your student to apply to him or herself.
- ★ All medications must be brought to the health room and signed in by a parent.
- ★ Prescription medications must be in the original container with a pharmacy label that matches the med form.
- ★ OTC medications must be:
 - Not expired
 - Unopened
 - Age appropriate
 - FDA approved