



# Prescription Medicine Administration Form For Overnight School Trip

Northmont City Schools  
4001 Old Salem Road  
Englewood OH 45322

**This form is required for each individual prescribed medication. Please make copies as needed.**

Name of Student: \_\_\_\_\_ Student's birthdate: \_\_\_\_\_

School Building: \_\_\_\_\_ Grade/Team: \_\_\_\_\_ Chaperone: \_\_\_\_\_

I understand that non-medical school personnel may administer this medication. All medication sent for the trip must be in the original container, clearly labeled with: student's name, medication name and the prescribed dosage. Each prescribed medication must be on a separate form for documentation purposes.

\_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Name of medication\*: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time and frequency to administer medication: \_\_\_\_\_ Date the administration of the medication is to: \_\_\_\_\_

\_\_\_\_\_ Begin: \_\_\_\_\_ End: \_\_\_\_\_

If medication is a rescue inhaler or Epi-pen, student may self-carry (prescriber to circle one): YES NO

Possible reactions that, if they occur, should be reported to the physician:  
\_\_\_\_\_

\_\_\_\_\_

Physician's signature \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**\*Each medication must be on a separate form.**

FOR SCHOOL USE: Document in pen: **date, time and initial** when a medication is given. If it wasn't documented, it wasn't done.

Monday	Tuesday	Wednesday	Thursday	Friday
Date:	Date:	Date:	Date:	Date:
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Lunch	Lunch	Lunch	Lunch	Lunch
Dinner	Dinner	Dinner	Dinner	Dinner
Bedtime	Bedtime	Bedtime	Bedtime	Bedtime

School Employee Signature: \_\_\_\_\_