ASCENSION PUBLIC SCHOOLS
Health Services

Out of State and/or Overnight School-Related Trip Medication Consent and Agreement

Parent Name: _____ Parent Phone Number: _____

Child/Student Name: _____

Child/Student Date of Birth: _____ Grade: _____

Field Trip Name: _____

Field Trip dates: _____

My child/student has my permission to self-carry and self- administer his/her medication on the above named field trip. I agree that my child is capable of self-administering his/her medication. I agree and firmly believe that my child is responsible and has the maturity and understanding to self-carry and self-administer his/her medication on the above named field trip.

MEDICATIONS. Only medication[s] that have been prescribed by my child's physician and that are/is necessary daily for my child will be brought on the field trip. Only the amount of medication necessary for the days the student is away from home will be carried. The medication will be stored in its original container from the pharmacy with the pharmacy label. *Over the counter-as needed* medications shall not be brought on the field trip unless it has previously been ordered for school purposes by the student's physician.

These are the medications that my child will self-carry and self- administer:

Medication Name_____**Dose**_____**Time/Frequency**_____**# on hand**_____
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I confirm that the medication is properly labeled with my child's name and directions for administration.

I have discussed with my child that he/she will **NOT** allow any other student to be administered the medication, to have knowledge of medication on hand, or to have possession of the medication.

My child will inform the field trip sponsors of any issues that may arise due to his/her medication (s).

I acknowledge that my student is subject to the rules and discipline contained in the *APSB Student Handbook* on the field trip.

I can be reached at the above phone number for any emergencies, questions, or concerns.

I understand and agree that the APSB and its employees are not responsible for any mistakes, errors, or oversights in keeping or giving medication to my child. I agree to hold the School Board free and harmless from any liability from injuries that might occur as a result of the administration of medications by school employees or being self-administered pursuant to this Agreement.

PARENT/CUSTODIAN SIGNATURE _____ DATE: _____

STUDENT SIGNATURE_____ DATE: _____

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SPONSOR SIGNATURE _____ DATE: _____

Revised 04.28.2022