

If necessary, medications can be given during a school field trip under the following conditions:

1. Medications must be in the original, properly labeled containers. The pharmacy can supply two (2) labeled bottles for this purpose. Medication sent in baggies or unlabeled containers will not be given. Written permission of the parent or legal guardian is required for the administration of all medications.
2. Ritalin and other controlled medications will require a physician's signature\* as well as the parent/legal guardian's signature. Medical samples need a written prescription. The date on the bottle must be current within the past twelve (12) months. \*Physician signature on medication form in campus clinic is acceptable.
3. All medications must be given to school personnel 3 days prior to field trip if possible.
4. All medications must be kept with the nurse or teacher.
5. Non-prescription medications will only be given for the duration of the field trip.
6. Medication may be given by school personnel trained by the campus nurse.
7. No district employee shall be required to give medication dosages in excess of FDA recommendations.
8. In accordance with the Texas Nursing Practice Act, nurses will not administer supplements, herbals or homeopathics which are not FDA regulated.

**REQUEST FOR ADMINISTRATION OF MEDICATION – FIELD TRIP**

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
 Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_

|    | <b>MEDICATION</b> | <b>DOSE</b> | <b>TIME(S)</b> | <b>COMMENTS</b> |
|----|-------------------|-------------|----------------|-----------------|
| 1. | _____             | _____       | _____          | _____           |
| 2. | _____             | _____       | _____          | _____           |
| 3. | _____             | _____       | _____          | _____           |
| 4. | _____             | _____       | _____          | _____           |
| 5. | _____             | _____       | _____          | _____           |
| 6. | _____             | _____       | _____          | _____           |

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Grapevine-Colleyville ISD

## School Health Services

### Medication Administration Record

(to be completed by GCISD personnel)

Student: \_\_\_\_\_

Field Trip Dates: \_\_\_\_\_

#### Date

| Medication | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|----------|--------|
|            |        |         |           |          |        |          |        |
|            |        |         |           |          |        |          |        |
|            |        |         |           |          |        |          |        |
|            |        |         |           |          |        |          |        |
|            |        |         |           |          |        |          |        |
|            |        |         |           |          |        |          |        |
|            |        |         |           |          |        |          |        |
|            |        |         |           |          |        |          |        |
|            |        |         |           |          |        |          |        |

Signature/Initials: \_\_\_\_\_

Signature/Initials: \_\_\_\_\_