

**FIELD TRIP OVER-THE-COUNTER MEDICATION AUTHORIZATION**

Student Name (Last, First, Middle Initial): \_\_\_\_\_

Street Address: \_\_\_\_\_

School of Attendance: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

Does this student have any allergies to food or medications?  Yes  No

If yes, please list the allergies: \_\_\_\_\_

The Wadsworth City Schools staff members accompanying students on your child's field trip will have the following medications available. Please review the list, mark the correct dosage (if applicable), and initial next to the medication that you consent to be administered to your child, if needed.

**For children 12 years or older:**

<u>Medication:</u>	<u>Dosage (circle dosage):</u>	<u>Parent/Guardian Initial</u>
Regular Strength Tylenol	325mg tablets: 1 tablet (325mg) 2 tablets (650mg) every 4-6 hours	_____
Regular Strength Ibuprofen	200mg tablets: 1 tablet (200mg) 2 tablets (400mg) every 4-6 hours	_____
Halls Cough Drops		_____
Regular Strength Tums	2 chewable tabs 4 chewable tabs at onset of symptoms (No more than 15 tabs in 24 hours)	_____
Benadryl 25mg tablet	1 tablet (25mg) 2 tablets (50mg)	_____
Dramamine 50mg tablet	1 tablet (50mg) 2 tablets (100mg) ever 4-6 hours *take 30 min before exposure to motion	_____

**For children less than 12 years of age:**

<u>Medication:</u>	<u>Dosage (circle dosage):</u>	<u>Parent/Guardian Initial</u>
Junior Strength Ibuprofen 100mg chewable tabs every 6-8 hours	6-8 yrs. old 2 chewable tabs 9-10 yrs. old 2 ½ chewable tabs 11 yrs. old 3 chewable tabs	_____
Junior Strength Tylenol 160mg chewable tabs every 4 hours	6-8 yrs. old 2 chewable tabs 9-10 yrs. old 2 ½ chewable tabs 11 yrs. old 3 chewable tabs	_____
Halls Cough Drops		_____
Children's Benadryl 12.5mg chewable tablets	1 tab (12.5mg) 2 tabs (25mg) every 4-6 hours	_____
Dramamine	12.5mg      25mg every 6-8 hours	_____

Authorization to administer the above listed over-the-counter medication(s) lasts for the duration of the field trip only.

With full knowledge of emergencies, dangers, and risks related to the administration of the above-authorized over-the-counter medication(s) by the Wadsworth City School District Board of Education employees, officers, agents, and/or representatives, the undersigned, for himself/herself and his/her heirs and assigns, in consideration of the Wadsworth City School District Board of Education employees, agents and/or representatives administering the above-authorized over-the-counter medication(s) to my child does hereby release and discharge, covenant not to sue, and agree to indemnify and hold harmless the Wadsworth City School District Board of Education, including its officers, members, employees, agents and/or representatives in both their official and individual capacities, for any and all claims, demands, actions, causes of actions or suits at law or equity or whatever kind or nature, whether known or unknown and from a continuing effects therefrom, which might arise out of or relate in any way to the administration of the above-authorized over-the-counter medication(s) to my child/ward and the results thereof. By signing below, I indicate that my child/ward has previously taken the over-the-counter medication I am authorizing the district to administer on an as needed basis during the field trip and that my child/ward has not had an adverse reaction to the medication when previously administered.

I understand that I must submit a revised statement and sign if any information changes prior to the departure of the field trip.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*