



COLLEGE PLACE PUBLIC SCHOOLS

Health Services

1775 S. College Ave. College Place, WA 99324

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focusing on kids and their learning...

Field Trip Medications

DOES YOUR CHILD TAKE MEDICATION AT HOME AFTER SCHOOL HOURS?

DOES YOUR CHILD CURRENTLY TAKE MEDICATION DURING SCHOOL HOURS?

[] My child does not take any medication.
[] My child does not have any health conditions or allergies.

If your child does not need any medications or does not have a health condition-

Please check appropriate box above, sign and date, return form to school.

Washington state law requires a written doctor order for any medication, prescribed or over the counter, that a student needs to take during school sponsored activities.

If your child takes prescription OR over-the-counter medications at home or for carsickness, headaches, etc.-

These medications require a written doctor order before they can be taken during school functions.

See enclosed medication form; if medication is needed please take this to your doctor to be filled out and returned to school.

If your child currently takes medications at school-

Teachers/staff will be given a copy of the medication order we have on file.

These medications will be given as scheduled during the field trip, just as they are given while at school.

Medication usually taken at home that the student will need during field trips. (Example: medication for ADHD, seizures, etc.)

Name of medication
Time(s) of day taken

Over-the-counter medication needed for temporary conditions (Example: carsickness, headaches, etc.)

Name of medication
Time(s) of day taken

Health conditions which may not be noted on the Student Medical History Form that was filled out at the beginning of school.

Health Condition or Allergy

Students may keep their medications with them if the doctor has indicated this on the medication order. Teachers/staff are trained in medication administration and will carry and give all other medications. Teachers/staff will also carry medication orders and emergency care plans.

In case of emergency, what procedures would you like us to follow?

By signing below you are giving the teachers/staff trained in medication administration permission to administer needed medications while your child is on the field trip.

Student Name _____ Sport _____

Parent Signature _____ Date _____