



THE MONTGOMERY ACADEMY

School-Sponsored Trip Medication Authorization and Information Form

In order to assist your child with medication on a school trip, this form must be completed prior to departure.

Student Information

Student's Name: _____
(Last) (First) (Middle)

Trip: _____ School Year: _____

Any known allergies/reactions: _____

Medication Information

Name of Medication: _____ Reason for Taking: _____

Amount: _____ Directions: _____

Date to Begin Medication: _____ Date to End Medication: _____

Time to be given (check): Breakfast Lunch Dinner Bedtime Other: _____

Special Instructions:

(Please Check)

Does this medication require refrigeration? Yes No

Is this medication a controlled substance? Yes No

Is self-medication permitted and recommended for this student? (inhalers, insulin and emergency medicines only) Yes No

If asthma inhaler or emergency medication, do you recommend this medication be kept "on person" by the student? Yes No

Possible side effects/contraindications/adverse reactions: _____

Treatment order in event of adverse reaction: (Attach additional sheet or use back of form if necessary) _____

Parent Authorization and Release

I authorize such school personnel as may be designated by the Headmaster or school director to assist my child in taking the above medication. I acknowledge that the medication must be registered with the school director, his/her designee, or the school nurse. It must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug's expiration when appropriate.

I hereby release The Montgomery Academy, its directors, officers, employees, and agents from any and all liability, of any nature and character, which may be alleged to arise out of or relating to assistance with the medication described above, provided such is in substantial conformity with the above instructions.

Signature of parent or guardian _____ Date _____

In case of emergency or problems, please notify me at: (H) _____ (W) _____ (Cell) _____

I authorize and recommend self-medication by my child for the above medication (inhalers and emergency medicine only).

Signature of parent or guardian _____ Date _____