

SPRING-FORD MUSIC DEPARTMENT MEDICAL ADMINISTRATION RECORD

**THIS FORM IS TO BE USED IF YOU TAKE MEDICATIONS. AS PER PENNSYLVANIA STATE POLICY, STUDENTS CANNOT SELF-ADMINISTER MEDICATIONS ON SCHOOL TRIPS (WITH A FEW EXCEPTIONS).*

YOU SHOULD FILL OUT ONE FORM FOR EACH MEDICATION YOU TAKE. WE WILL HAVE A NURSE ON THE TRIP TO HELP WITH ADMINISTRATION OF ALL MEDICATIONS.

STUDENT NAME: _____ **DATE OF BIRTH:** ____ / ____ / ____

NAME OF MEDICATION: _____ **DOSAGE:** _____ **FREQUENCY:** _____

LICENSED PRESCRIBER ORDER: _____

LICENSED PRESCRIBER NAME: _____

LICENSED PRESCRIBER ADDRESS: _____

LICENSED PRESCRIBER PHONE: (____) _____

LICENSED PRESCRIBER SIGNATURE: _____

***STUDENTS WHO HAVE BEEN DIAGNOSED WITH DIABETES, ASTHMA, SEIZURES, CARDIAC ISSUES, AND/OR LIFE THREATENING FOOD ALLERGIES MUST PRESENT AN UPDATED PLAN OF CARE SIGNED BY A DOCTOR.**

I GIVE PERMISSION FOR THE TRIP NURSE TO GIVE THE ABOVE MEDICATION TO MY STUDENT.

PARENT/GUARDIAN SIGNATURE

DATE

PLEASE DENOTE THE SPECIFIC DAYS AND TIMES TO ADMINISTER ON THE CHART..
IF THIS IS A "AS NEEDED ONLY" MEDICATION, INDICATE ON THE BOX BELOW.

MEDICATION CHART

DATE	TIME	TIME	TIME	TIME
THURSDAY, DECEMBER 26, 2019				
FRIDAY, DECEMBER 27, 2019				
SATURDAY, DECEMBER 28, 2019				
SUNDAY, DECEMBER 29, 2019				
MONDAY, DECEMBER 30, 2019				

_____ THIS IS AS "AS NEEDED ONLY" MEDICATION. STUDENT WILL REQUEST.