

## Administration of Medications During Off Campus Activities for Greeneville City School Students

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ School \_\_\_\_\_

Name of off campus activity: \_\_\_\_\_ Date(s) covered by this form: \_\_\_\_\_

**ALLERGIES (PLEASE LIST) include beestings, food allergies, and MEDICATION allergies. If none, please indicate.**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

List all medication(s) (both prescription and non-prescription, routine and as needed) that should be administered to your child while he/she is participating in the off campus activity. Listing of the medication and your signature at the bottom of this form gives permission for Greeneville City School personnel to administer the medication to your child while on the off campus activity. All medication sent to the school must be in the original container.

Name of Medication	Strength	Dosage	Times to be taken	Purpose

Special instructions regarding medications and/or allergies:

\_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

List below any additional health information that the staff should be aware of:

\_\_\_\_\_

If you are participating in our voluntary stock medication program please check the box(es) below of medications that may be administered to your child while on this field trips.

**(This does not grant permission for these items to be given at any other time during the school year.)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol)                   | <input type="checkbox"/> Benadryl (liquid/caps) | <input type="checkbox"/> Contact lens cleaner |
| <input type="checkbox"/> Ibuprofen                                 | <input type="checkbox"/> Anti-itch spray        | <input type="checkbox"/> Cough drops          |
| <input type="checkbox"/> Antibiotic cream/oint. (Non-prescription) | <input type="checkbox"/> Chewable antacids      | <input type="checkbox"/> Imodium              |
| <input type="checkbox"/> Hydrocortisone cream 1%                   | <input type="checkbox"/> Dramamine              | <input type="checkbox"/> Emetrol (nausea)     |

**Additional permission forms are available at school or online at [www.gcschools.net](http://www.gcschools.net) under District Forms/Coordinated School Health/Off Campus Activities. Over the counter medication dosages will be given according to manufacturer recommendations.**

Please list any medications that your child **should not have** \_\_\_\_\_.

My child \_\_\_\_\_ may \_\_\_\_\_ may not self-administer their medications.

The undersigned parent/guardian hereby agrees to give personnel of Greeneville City Schools permission to administer the above listed medication(s) to my child. I release the Greeneville City School System and its personnel from any legal claim they now have or may thereafter have arising out of the assistance with self-administration of or failure to administer medication to the student. I will assume full responsibility for any side effects and complications that my child may have as a result of medications.

\_\_\_\_\_

Signature of Custodial parent/guardian

\_\_\_\_\_

Date