

PERMISSION FORM FOR DISCRETIONARY MEDICATION ADMINISTRATION*

STUDENT NAME _____

Certain activities involve travel away from school for overnight or longer periods. In these circumstances **only**, CCPS will provide limited over-the-counter medications that they may give to your child. In order for the medication to be administered you must give written permission. This medication is for minor unforeseen ailments. If your student has a medical condition that requires routine use of these medications, you will need to supply the medication. **If your student has a condition for which he or she routinely takes prescription medicine, you must also have this form signed by your doctor to avoid any drug interactions.**

I give permission for a representative of Carroll County Public Schools to administer the following medication(s) to my student should he or she have symptoms that use of that medication may alleviate, e.g., Tylenol for a headache, Kaopectate for diarrhea, etc. I understand that the medication will be administered according to the guidelines on the medication package. No medication will be given in doses exceeding the over-the-counter amount. The following medications can be administered. Please mark which medications you give permission for the school official to administer to your child.

- _____ **Benadryl** (for allergic reactions, e.g., bee stings)
- _____ **Ibuprofen (Advil, Motrin)** (menstrual cramps, headache)
- _____ **Kaopectate** (diarrhea)
- _____ **Tums** (indigestion, upset stomach)
- _____ **Tylenol (regular strength)** (headache, fever)

Prescription medication _____ Dosage _____
Time _____

This medication may be carried by the student if it is individually factory-sealed and appropriately marked (unit dose). This medication is not a controlled substance. All controlled substances and non-unit dose medications shall be carried and administered by a representative of CCPS.

If a student carries any medication without signed permission or shares medication with another student, they will be subject to disciplinary actions under the Drug and Alcohol Policy of Carroll County Public Schools.

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN SIGNATURE _____

*This permission form is only for this trip. Each extended trip requires a separate form completed.