

HEALTH CARE PRESCRIBER'S MEDICATION
ORDER FOR SCHOOL TRIP

ARLINGTON HIGH SCHOOL
1157 ROUTE
Lagrangeville, NY 12540
Phone: 845 - 486 - 4860 Fax: 845 -350 - 4182

Student Name: _____

D.O.B. _____

- Instructions:**
1. Part A is to be completed only by a physician or other licensed prescriber.
 2. Part B must be signed by a parent/guardian and submitted to the school Health Office.
 3. This form may be copied as needed or additional copies are available in the Health Office.

Part A: MEDICATION ORDER FROM HEALTH CARE PROVIDER

Diagnosis _____

Diagnosis _____

Medication _____

Medication _____

Strength _____

Strength _____

Dose _____

Dose _____

Time/Frequency _____

Time/Frequency _____

Duration of treatment: ☐ This trip only

Duration of treatment: ☐ This trip only

☐ Other _____

☐ Other _____

Provider attestation for SELF-ADMINISTER & CARRY: This student has demonstrated that they can self-administer the medication(s) above effectively and may carry and use this medication independently for this overnight trip. Staff intervention and support are needed only during an emergency.

Provider Signature _____ Date _____

Provider Name _____

Address _____

Telephone _____ Fax _____

Part B: PARENT AND STUDENT SIGNATURE OF ACKNOWLEDGEMENT

I agree that my child may carry /self-administer their emergency medication. In addition, I understand that any non-emergency medication will be held by an Arlington Central School District faculty member/staff member/ or approved chaperone. My child will obtain their medication as needed from the designated adult. Medication will be provided by the parent/guardian in the original pharmacy or unopened over the counter container. This information will be shared with the trip advisor for disbursement to the supervising adult.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Note to Parent/Student: Please travel with a quantity of medication sufficient to meet your medical needs for the trip and potential delays. Large, unnecessary quantities of medication in excess of this are discouraged.

SUBMIT MEDICATION WITH THIS COMPLETED FORM TO SCHOOL HEALTH OFFICE