

**INDIAN MOUND MIDDLE SCHOOL
TIMBER-LEE PARENT MEDICATION APPROVAL FORM**

INHALERS

Self Administration of Inhaled Medications

Prescription Medication

STUDENT'S NAME _____ SCHOOL _____ GRADE _____

PARENT/GUARDIAN NAME _____ PHONE(H) _____ (W) _____

PARENT/GUARDIAN SIGNATURE _____

I hereby give _____ permission to carry and self-administer the above inhaled medication(s). This student has been instructed in the proper use of this medication and I believe s/he is sufficiently responsible to keep this inhaler in his/her possession and control its use. The school office has been provided with a back-up inhaler.

Yes _____ No _____

PHYSICIAN'S SIGNATURE _____

DATE _____ TELEPHONE #() _____

Forms already on file for medication administered at school **WILL NOT** cover extended field trip needs.

All medication, with current instructions must be at school for check-in by Tuesday, September 15, 2009 . Please turn in medications to your child's homeroom teacher or to the office. **MEDICATION WILL NOT BE ACCEPTED AFTER THIS DATE. In addition, students who do not have their medication in by this date will not be able to attend Camp Timber-Lee.

SPECIAL NOTE: Medication will only be accepted in an original prescription bottle that is properly labeled. Only the appropriate amount of medication required for the length of the trip will be accepted.

**INDIAN MOUND MIDDLE SCHOOL
TIMBER-LEE PARENT NON-PRESCRIPTION MEDICATION APPROVAL FORM**

Dear Parent/Guardian:

**For safety reasons, students may not carry or self-administer any medications except inhalers while participating in extended field trips. If your child will require any medication on this trip, please read and sign this form.

NON-PRESCRIPTION MEDICATION

STUDENT'S NAME _____ SCHOOL _____ GRADE _____

PARENT/GUARDIAN NAME _____ PHONE(H) _____ (W) _____

PARENT/GUARDIAN SIGNATURE _____

NON-PRESCRIPTION MEDICATION REQUIRES THE PARENT/GUARDIAN SIGNATURE ONLY

MEDICATION: _____

DOSAGE: _____ TIMES GIVEN: _____

REASON FOR MEDICATION: _____

EXPECTED SIDE EFFECTS: _____

I hereby give my permission for _____ to take the above non-prescription medication as directed and supervised by the physician and/or parent/guardian. I understand that the school cannot assume responsibility for reminding students of their medication schedule, and that school personnel are only the administrators of medication as directed by the parents and physician and that school personnel cannot assume any responsibility or liability for any reaction or complication arising from administering the medication as directed.

PARENT SIGNATURE: _____

Forms already on file for medication administered at school **WILL NOT** cover extended field trip needs.

**Over-the-counter medication requires parent completion and signature on this form.

All medication, with current instructions must be at school for check-in by Tuesday, September 15, 2009. Please turn in medications to your child's homeroom teacher or to the office. **MEDICATION WILL NOT BE ACCEPTED AFTER THIS DATE. In addition, students who do not have their medication in by this date will not be able to attend Camp Timber-Lee.

SPECIAL NOTE: Medication will only be accepted in an original bottle that is properly labeled. Only the appropriate amount of medication required for the length of the trip will be accepted.

**INDIAN MOUND MIDDLE SCHOOL
TIMBER-LEE PARENT PRESCRIPTION MEDICATION APPROVAL FORM**

Dear Parent/Guardian:

**For safety reasons, students may not carry or self-administer any medications except inhalers while participating in extended field trips. If your child will require prescription medication on this trip, please read and sign this form.

PRESCRIPTION MEDICATION

STUDENT'S NAME _____ SCHOOL _____ GRADE _____

PARENT/GUARDIAN NAME _____ PHONE (H) _____ (W) _____

PARENT/GUARDIAN SIGNATURE _____

Your signature on this document attests to your willingness and intent to direct, supervise, decide, inspect and oversee the administration of the medication by non-medically trained designees, and that you will accept direct communications from them regarding the administration of the medication. We urge that all instructions be stated in layperson language.

MEDICATION _____

DOSAGE _____ TIMES GIVEN _____

REASON FOR MEDICATION _____

EXPECTED SIDE EFFECTS _____

PHYSICIAN'S SIGNATURE _____

DATE _____ TELEPHONE #() _____

Forms already on file for medication administered at school **WILL NOT** cover extended field trip needs.

All medication, with current instructions must be at school for check-in by Tuesday, September 15, 2009. Please turn in medications to your child's homeroom teacher or to the office. **MEDICATION WILL NOT BE ACCEPTED AFTER THIS DATE. In addition, students who do not have their medication in by this date will not be able to attend Camp Timber-Lee.

SPECIAL NOTE: Medication will only be accepted in an original prescription bottle that is properly labeled. Only the appropriate amount of medication required for the length of the trip will be accepted.