



**CONSENT FOR THE ADMINISTRATION OF MEDICATION OR
PHYSICIAN-ORDERED TREATMENT DURING CHA
OVERNIGHT FIELD TRIPS**

STUDENT NAME: _____

Parents of CHA students requesting that medication or a medical treatment be administered during the overnight field trip by school staff are required to provide: (1) the physician's order, (2) parental release signature, (3) medication in the prescription bottle or in its original container (i.e. Tylenol, Advil, Tums, Benadryl, etc.).

**PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION OR
TREATMENT BY SCHOOL PERSONNEL**

I have prescribed the following medication or treatment for this child and request school personnel administer the dosage/treatment during the overnight field trip.

Medication or Treatment: **(One medication per form)** _____

Dosage and Time of administration: _____

Purpose or condition for which it is prescribed: _____

Remarks: _____

Signature of Physician: _____ Date _____

*Your physician may fax this information to our office at 952-949-3871.

PARENTAL RELEASE FOR ADMINISTRATION OF MEDICATION

I request the above medication/treatment be administered to my child as prescribed above. I understand I must provide medication in the original bottle, properly labeled by a pharmacy with the student's name, date, dosage, time and directions for administration. I release school personnel from any liability in relation to the administration of this medication or treatment while on the overnight field trip.

Parent/Guardian Signature: _____ Date: _____