

**Health Office** **(Revised 1/15)**  
**North Hunterdon High School**  
**1445 Route 31**  
**Annandale, NJ 08801**  
**Phone: 908-713-4171 Fax: 908-713-4403**

**Authorization for Medication Administration during Field Trip**  
**ONLY ONE MEDICATION PER FORM**

According to NJ State law, physician's orders are required in order for the nurse to administer any medication, including over the counter medications. Please complete and return to the health office.

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_ Allergies \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time/Frequency \_\_\_\_\_ Route \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

OR

\_\_\_\_\_ (Please check if applicable) Although the parent listed this medication on the field trip packet, this student will not require this medication throughout the trip dates.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Stamp

\_\_\_\_\_  
Date

**Parent/ Guardian Consent for Giving Medication on Field Trip**

I request and give my consent for the School Nurse to dispense the medication prescribed by the physician on this form.

A prescription medication must be delivered to the School Nurse in the original pharmacy container labeled with the student's name, date of prescription, name of medication, dosage and the prescribing physician's name. If the medication is an over the counter medicine, it must be in the original box.

I give permission for the information on this form to be shared with the appropriate staff members, coaches, and chaperones for the safety and welfare of my child.

I give permission for the school nurse to speak with the prescribing physician regarding the medication listed above, if necessary.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

Student Cell Phone Number \_\_\_\_\_

Parent Cell Phone Number \_\_\_\_\_