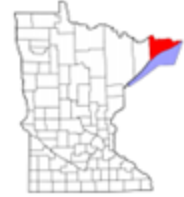




COOK COUNTY SCHOOLS
INDEPENDENT SCHOOL DISTRICT 166



Form F-2: Medication Authorization for Overnight Field Trips

This form is to be completed if:

- *A student requires medication while on an overnight field trip.*
- *The parent or guardian is NOT chaperoning.*
- *Form F-1 Overnight Field Trip Authorization and Student Health History is complete.*

****To be completed by the parent or guardian***

Student Name:	Student Birthdate:
Grade:	Teacher:

Please list any medications that will be needed on the overnight field trip:

Medication	Dose	Route	Description of Medication: (ex. White tab with X)	Times to be given:	Special Instructions:

Any prescription or nonprescription medication to be given to the student must:

- **Be in the original container**
- **Have the correct information on the pharmacy label.**
- **Be the exact dosing required for student administration. (Ex. 1 tab/day x 2 days = 2 tabs provided.)**
- **Be delivered to the school health office by the parent or guardian at least 5 school days prior to leaving on the overnight field trip.**

Success for Each, Respect for All

101 West 5th Street, Grand Marais, MN 55604

Phone: (218) 387-2271

www.cookcountyschool.org

Parents/guardians understand that the school nurse will not be present on the overnight field trip. By signing below, I give permission for health office staff to delegate medication duties to adult responsible parties chaperoning field trip.

Parent/Guardian Signature

Date

This form has been reviewed by ISD 166 teaching staff:

(Signature) _____

(Date of Review) _____

If medical condition or medication was indicated, Health Office staff was notified (circle one): Yes or No

Health Office Staff Notified _____ **Date Notified** _____