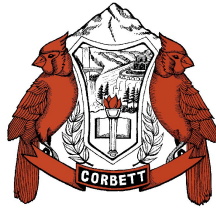


Randy Trani  
Superintendent  
Robin Lindeen-Blakeley  
Deputy Clerk  
Desiree Chiu  
Director of Student Services



35800 E. Historic Columbia River Highway  
Corbett, Oregon 97019-9629  
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**Corbett School District  
No. 39**

**REQUEST FOR MEDICATION ADMINISTRATION DURING  
EXTENDED SCHOOL DAY FIELD TRIP**

**PLEASE READ AND COMPLETE THE INFORMATION BELOW**

1. All medication must be maintained and administered by the Medication Administration trained school personnel. Students are not allowed to carry their own medication. Some exceptions are made for emergency asthma inhalers and auto injectors for severe allergic reactions. *Authorization for Self Administration of Medication form* must be on file in the School Health Room.
2. Any prescription, non-prescription medication must have the following:
  - Parent must sign the authorization below
  - Parent must include the following:
    - Name of medication
    - Dose (strength and how much) of medication
    - Time and Dates medication should be given
    - Purpose or reason for medication
  - All medication must be in original container (prescription or over-the-counter). No medication will be accepted or given if they are sent in unapproved containers (i.e., envelopes, baggies, pill planners etc.)
  - Prescription medication must have an accurate label. This includes samples given by physician. If the directions on the prescription label are different from what the physician is currently prescribing, written instruction is required from the physician. This also includes directions for over-the-counter medications. See “Physician Directions” below.
  - All inhalers must be appropriately labeled with their prescription
3. Vitamins/supplements cannot be given on an Extended School Day Trip without a doctor’s prescription and must be in original container. *The doctor must give written permission that the student can have over-the-counter medicine with the vitamin/supplement.*
4. Inhalers and emergency medications may be carried by students who have an *Authorization for Self Administration of Medication form* on file in the health room.

**PARENT AUTHORIZATION TO ADMINISTER MEDICATION FOR  
EXTENDED SCHOOL DAY TRIP**

*(Parent and/or Physician must complete this document completely)*

I am requesting that my child, \_\_\_\_\_, be given or be assisted in taking:

Name Of Medication	Dosage (amount)	Time(s) To Be Given	Dates To Be Given	Purpose Of Medication

Parent /Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(This authorization applies only to the medication listed above and for the duration of treatment.. This also authorizes an exchange of information, as necessary, between the nurse, appropriate school personnel, my child's health provider, and/or my child's pharmacist.)*

**PHYSICIAN DIRECTION**

*(required in writing IF prescription label does not match parent direction above)*

Special instructions including adverse reactions and action required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Name (print or stamp)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone

