

RULES ACKNOWLEDGEMENT

My parents/guardian and I acknowledge that any misconduct on the Newton Band Florida Trip could result in my being flown home at my parent's/guardian's expense. We are aware that all school rules are in effect for the duration of the trip and that rules infractions will result in further consequences when I return to school.

Student's Name: _____

Cell phone #: _____

Student's Signature: _____

Parent's Name: _____

Phone #: _____

Parent's Signature: _____

Date: _____

REQUEST FOR THE ADMINISTRATION OF MEDICATION

Parents, please initial parts 1 and 2 where applicable.

Part 1: Over-the-counter medications

___ I give my child permission to carry and self-administer the following **non-prescription** drugs. They must be in original packaging. Any form of unidentified medication will be immediately disposed of.

___ I give Mr. Taylor, another staff member, or certified medical personnel permission to administer label-indicated dosages of the following **non-prescription** over-the-counter medications to my son or daughter:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Acetaminophen (Tylenol)

Ibuprofen (Advil)

Diphenhydramine (Benadryl)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Pepto-Bismol

Dramamine

Hydrocortisone 1%

Imodium AD

Part 2: Prescription Medication Handling

Parent of any student who is prescribed medication by a doctor must select either the first or second option below.

___ (initial) I **am** participating on the trip as a chaperone, and will manage and administer my child's prescribed medications. I understand medications must be in original packaging with label, and that I am not permitted to administer any medications to other students.

___(initial) I **am not** participating on the trip, and I understand all prescription medications must be administered by our certified Nurse Practitioner, Harry Vannus. I understand the students will not be able to carry prescription medication except for inhalers, epi-pens, and diabetic materials. The pharmacy label must be on the prescription and must contain the student's name and dosage instructions. Please list prescription medications and dose below:

Option 2: *Please list all prescription information below. Addtl. space may be added if needed.*

MEDICATIONS	DOSE	ROUTE	TIME	SPECIFIC INSTRUCTIONS

1. I assume responsibility for safe delivery of the medication to Mr. Taylor or Mr. Vannus prior to departure.

2. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable and unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Parent* Signature _____ Date ___ / ___ / _____

Parent, guardian, or other person having care or charge of the student.