

**OVERNIGHT FIELD TRIP MEDICATION INFORMATION**

**Elementary School**

Douglas County School District Re. 1

**ELEMENTARY SCHOOL**

**District Policy and State Law regulates:**

- Prescription medications must have a signed physician release agreement with dosage indicated for each medication. (Use standard district medication form - one form per medication.)
- Nonprescription medications must have a signed physician's release agreement for each nonprescription medication. (These include allergy medication, cough syrups, antacids, vitamins, etc.)
- If your child takes any medication at school, a separate form is required for overnight field trips to include all doses necessary.
- All medications must be in a pharmacy labeled container or the original packaging. (No baggies or unlabeled bottles allowed.)
- Do not pack medications in student's bag. Medications must be kept with trained personnel.

FOR ELEMENTARY STUDENTS ONLY - Disregard if student is in Middle/High School

**REQUEST AND RELEASE AGREEMENT TO GIVE ACETAMINOPHEN (TYLENOL)**

I hereby request and give my permission to Douglas County School District, Re. 1 to release acetaminophen to the student identified above for the following health problems: headache, toothache, dysmenorrhea (cramps), musculoskeletal pain, fever (over 100° F).

I acknowledge that the release of this medication by school personnel is an accommodation performed solely upon my request. In consideration of the acceptance of this request, I release and waive any and all claims which I now have or may hereafter have against the Douglas County School District Re. 1 and its employees arising out of the release of or failure to release the medication to the student or any adverse reaction by the student to the medication.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

FOR ELEMENTARY STUDENTS ONLY- Disregard if student is in Middle/High School

**REQUEST AND RELEASE AGREEMENT TO GIVE DIPHENHYDRAMINE (BENADRYL)**

I hereby request and give my permission to Douglas County School District, Re. 1 to release diphenhydramine to the student identified above for the following health problems: hives, exposure to an allergen (a substance that causes allergic reactions).

I acknowledge that the release of this medication by school personnel is an accommodation performed solely upon my request. In consideration of the acceptance of this request, I release and waive any and all claims which I now have or may hereafter have against the Douglas County School District Re. 1 and its employees arising out of the release of or failure to release the medication to the student or any adverse reaction by the student to the medication.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

*These guidelines are very important in order to guard your child's safety and well-being during an overnight field trip. Thank you so much for your careful attention to these important matters.  
Health Services, Douglas County School District, Re.1*