Bentonville Schools

Controlled/Prescription/Over the Counter Medication
Field Trip Form - After Hours/Overnight

*Student Photo

NOTE: A separate form must be completed for each medication administered.

Student's Name: _____ Date of Birth: _____ Grade: _____

Name of Medication: _____ Dosage: _____

Time(s) to be taken: _____ Ordering Physician: _____

Reason for Medication: _____

In case of an Emergency, call: _____

I certify that *at least one* dose of the medication has *previously been given* and no adverse reactions were experienced. Therefore, I give permission for the school nurse (or designee) to administer the above medication to my child as prescribed.

If a school nurse is unavailable, *the parent may delegate* the teacher-designee below to administer this controlled medication:

Teacher Name: _____

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent form.

_____ _____ _____

Parent/Guardian Name Signature Date

Note: Medication must be in current original container from the pharmacy. The medication will only be administered according to the physician's directions on the prescription/healthcare plan and container.

Date	Pill Count	Brought by	Signature/Signature (two persons)	Comments

*The school nurse (or designee) has my permission to take a photograph of my student for identity purposes.

Signature of Parent/Guardian _____ Date _____

Delegation of a controlled substance prescription - The ASBN has provided clarified language to ensure school personnel understand oral controlled substance prescriptions may not be delegated to unlicensed assistive personnel (UAP) by a school nurse, as per Ark. Code Ann. §17-87-705(a)(3)(B)(b), including any person not holding a professional nursing license. (Guidelines, Pg. 23, 26 & 27)

- *If the school nurse is not available at the time of need, the parent may delegate a prescription oral controlled substance administration to a specific designee for the medication indicated and time of administration. Districts must have a policy and protocol in place and it must be on the student's Individual Healthcare Plan (IHP). An accountability record of controlled substances must be maintained by two persons counting each controlled medication. Medication discrepancies are to be reported to the local DEA Drug Division.*

Bentonville Schools

Overnight Field Trip
Medication Permit & Log

Student: _____ **Teacher:** _____ **Trip date(s):** _____

Amount in	Medication/Dose	Amount to give	Time to give	Route	Instructions	Date & Time Given	Signature of staff giving medication

Parent/Guardian & Student Information:

I give my permission to administer this medication on the Overnight /After School Hours Field Trip. I acknowledge the amount and medication counted in is correct. If the parent delegated staff member has medication questions, i.e. use, dosage, effects, they may contact the prescribing physician, pharmacy, or parent. In the absence of the school nurse, the medication may be given according to law.

Drug Allergies: _____

Side Effects/Adverse Reactions – What steps to take if reaction occurs? _____
_____

Parent phone number(s): _____ Parent email: _____

Signature of Parent/Guardian: _____ Date: _____

Notes:

- All medications must be in their original labeled container, along with a doctor's order/Individual Healthcare Plan *(Parent to supply medication in pharmacy labeled, current dated container.)*
- Oral Controlled Medications, such as those used to treat ADD/ADHD, can only be designated by parent to teacher.
- All requirements must be complete for medication administration.

Teacher Designee:

By signing below I am acknowledging I have been trained by the parent and am willing to administer the medication(s) listed above and will be responsible for the safe keeping of the medication(s).

Teacher Name & Signature: _____ Date: _____