Los Angeles Unified School District
Medical Services Division

REQUEST AND PRIOR AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION TO BE TAKEN DURING OVERNIGHT FIELD TRIPS

This form must be completed by a California-licensed healthcare provider or a physician or surgeon from Mexico contracted with a bi-national health plan who prescribes self-administered medication in accordance with California Education Code Section 49423.1.

A. Student Information

Student Name:	Date of Birth:	Gender:	Grade:
Teacher Name:	School Name:		

B. Medication

All over-the-counter medications prescribed by an authorized healthcare provider must be delivered to the school in the original containers.

In the box to the left, the parent or guardian should mark an "X" to consent to the school administration of the indicated over-the-counter medications or products ordered by a licensed healthcare provider.

X	Name of the Over-the-Counter Medication	Provider Dosing Recommendation Include: time intervals, route, and purpose of medication			
		Dose	Route	Time	Purpose
	Acetaminophen (generic) Tylenol				
	Ibuprofen (generic) Advil, Motrin				
	Naproxen (generic) Aleve				
	Medicated Skin Care Ointments, Creams, Washes Aquaphor, Calamine, Aftersun Aloe & Vitamin E, Neosporin, Mupirocin, Anti-Itch Diphenhydramine Cream, Hydrocortisone 1% Steroid Cream, Hibiclens Antibacterial Wash, Betadine				
	Antihistamine (generic): Diphenhydramine Benadryl				
	Throat Sprays, Cough Drops				
	Decongestant (generic): pseudoephedrine, oxymetazoline, phenylephrine Sudafed, Afrin, Sudafed PE **Note: also found in many multi-drug cold and flu products*				
	Allergy Medication (generic): cetirizine, loratadine, fexofenadine, fluticasone nasal spray Claritin, Zyrtec, Allegra, Flonase nasal spray				
	Dimenhydrinate (generic) Dramamine				
	Eye Drops-non-prescription Saline, Visine				
	Antacid (generic): calcium carbonate, aluminum hydroxide/magnesium hydroxide, bismuth subsalicylate Tums, Maalox, Pepto Bismol				

C. Licensed Healthcare Provider

Print Name	Sign Name	Date:
Supervising Physician (Print Name) **For NP, Midwife, PA**	Furnishing # **For NP, Midwife, PA**	Phone:

Address

Street *City* *State* *Zip Code*

D. Parent/Guardian Consent

REQUEST FOR MEDICATIONS TO BE TAKEN DURING OVERNIGHT FIELD TRIPS – TO BE COMPLETED BY PARENT/GUARDIAN

I request that my child_____be assisted in using the over-the-counter medication(s) and/or product(s) denoted by X while on an overnight field trip. I understand that I assume full responsibility for supplying the medication(s) or product(s) and shall deliver it, or have it delivered, to the school by a responsible adult, and agree to the District Policies and Procedures listed on the reverse side. I give my permission for the exchange of medical information regarding administration of medication at the school with the authorized healthcare provider and pharmacist.

Printed Name of Parent/Guardian/Student over 18 yrs *Parent/Guardian Signature* *Date*

DISTRICT PROCEDURES REGARDING MEDICATION TAKEN DURING OVERNIGHT FIELD TRIPS

A) Medication Administration for Overnight Field Trips

1. The school nurse should be notified four weeks in advance of planned school-sponsored events to allow time to schedule and conduct trainings of designated school staff if medication will need to be administered.

2. Designated school staff should keep medication in a closed container on their person at all times. A copy of the Student Medication Record to document time of administration and personnel administering the medication will accompany each medication.

3. Non-prescription [over-the-counter (OTC)] medications that have been authorized by this request may be administered only if the medication is provided in the original container with the student's name and birthdate on the container.

B) Administration of Non-Prescription (OTC) Medication on Overnight Field Trips

1. Before an OTC medication is administered on an overnight field trip, designated school personnel will validate when the medication was last given to determine that the interval complies with the authorized frequency of the administration.

   - Check the student's Medication Record to determine the time of the last administered dose.

2. Before an OTC medication is administered, the designated school personnel will validate the symptoms being experienced by the student as symptoms identified on the written authorization.

3. When recording on the Student Medication Record, include the symptoms for which the OTC medication was given and the outcome after administration.