

Plum Borough School District
Health Services Department
Student Health Care Consent for an Overnight/Extended Field Trip

Parents or Guardians must send their child's needed prescription medication in properly labeled pharmacy safety containers, and any required over-the-counter medications (not listed below) in the original manufacturer's packaging. Please use tape to label the over-the-counter medications with your child's name. A private healthcare provider medication order is required for all student prescribed and over-the-counter medications (not listed below), with a signed parent/guardian authorization form.

My signature, as the parent / legal guardian of the student named on the reverse side of this form, indicates that I permit all of the following:

1. I permit another adult or teacher that accompanies my child on the trip:

- To make any necessary decisions regarding care needed.
- To provide any needed first aid.
- To drive, or obtain transportation for my child (such as a cab), to a medical facility if warranted.
- To call EMS personnel to transport my child to an emergency room, if necessary.

2. I permit my child to be given any of the following over-the-counter medications (or their generic equivalents) according to package directions:

<input type="checkbox"/> For pain or fever	Acetaminophen or Ibuprofen
<input type="checkbox"/> For upset stomach	Antacid
<input type="checkbox"/> For cough	Cough Drops
<input type="checkbox"/> For sore throat	Throat Lozenges
<input type="checkbox"/> For small cuts	Topical Ointment/ Topical Antibiotic Ointment
<input type="checkbox"/> For itching	Anti-Itch Gel or Cream
<input type="checkbox"/> For allergic reaction	Antihistamine
<input type="checkbox"/> For symptoms of anaphylaxis	Epinephrine
<input type="checkbox"/> For opioid overdose	Narcan
<input type="checkbox"/> For respiratory distress	Albuterol

3. Self-administration of medication by students:

The only medications a child may self-carry and self-administer are an asthma rescue inhaler, insulin, glucagon, and an epinephrine auto-injector. The student must have a provider's written order and parent/guardian permission to both self-carry and self-administer the medication. The student must demonstrate to a Certified School Nurse their ability to be responsible to self-carry and self-administer the prescribed medication.

4. I give my permission for my child to be provided any care deemed necessary by a medical facility or emergency room.

5. I agree to pay for expenses not covered by my insurance, including any cost incurred by EMS or other transportation to a medical facility or emergency room.