

Jackson Local Schools
 Certification of Authorization for Administration of Over-the-Counter Medication
 Field Trip Form

◆DEMOGRAPHIC INFORMATION◆

Student Last Name:	Student First Name:	Student Middle Name:
Street Address:	City:	Zip Code:
School:	Grade:	Birth Date:
Emergency Telephone Number(s):		

Does this student have any allergies to foods or medications? yes no

If so, please list: _____

◆OVER-THE-COUNTER MEDICATION◆

The Jackson Local Schools staff members accompanying students on the trip will have the following medications available. Please review the list and **INITIAL** next to the medication that you consent to be administered to your child.

Parent Initial	Medication	Parent Initial	Medication
	Acetaminophen (ex. Tylenol)		Ibuprofen (ex. Advil, Motrin)
	Cough Medication (ex. Robitussin)		Decongestant (ex. Sudafed/Mucinex)
	Antihistamine (ex. Benadryl/Claritin)		Motion Sickness Medication (ex. Bonine)
	Antidiarrheal (ex. Imodium)		Antacids (ex. Tums, Maalox, Mylanta)
	Antibacterial Ointment (ex. Neosporin)		Topical Corticosteroid (ex. Hydrocortisone Cream)
	Cough drops/Throat lozenges		
	If there are other OTC medications that your child might need, please list them below and initial the box.(Note: Parent is responsible for providing medication indicated)		

◆PARENT/GUARDIAN AUTHORIZATION◆

Authorization to administer the above listed over-the-counter medication lasts for the duration of the trip only.

With full knowledge of emergencies, dangers, and risks related to the administration of such medication by Jackson Local Schools' district employees, officers, or agents, we the undersigned, hereby waive all claims, which might arise from said administration of such medication to said minor child and the results thereof. We agree to indemnify and hold harmless Jackson Local Schools' employees, officers, or agents, from any and all liability relative to the administration of such medication.

I understand I must submit a revised statement and sign it if any information changes prior to the departure of the trip.

Parent/Guardian Signature: _____ Date: _____

Contact Phone #1: _____ Contact Phone #2: _____