

THE SCHOOL DISTRICT OF PALM BEACH COUNTY CHIEF ACADEMIC OFFICE

Medical Disclosure & Acknowledgement of Procedures for **Administration of Medication and/or Medical Treatment** on Field Trips

As part of the field trip/extracurricular activity/events approval process, the parent/guardian must fully complete this disclosure and complete all requirements for the administration of medication and/or medical treatment. Failure to complete this form or meet any of these requirements will result in your child being ineligible to attend the field trip/extracurricular activity/event.

Student #	Student First Name	M	1.I.	Last Name		Grade	Birth Date
School Name							
My child re	ceives medication, including over	-the-counter i	med	ications, and/or medical treatmer	t during school h	ours.	○ Yes ○ No
If yes, list the	medication/medical treatment:						
2. My child re	ceives medication including over-	the-counter n	nedi	cations, and/or medical treatment	toutside of school	ol hours.	○Yes ○No
If yes, list the	medication/medical treatment:						
	uardian must: ign and return this form to the spo	onsor by the o	desiç	gnated deadline.			
completed I	nistration of medication, including of Physician Authorization Form fron ted deadline.						
• abide by Bo	oard Policy 5.321, Administration o	of Student Me	edica	ation/Treatment.			
Physician A	nsor if there are changes to the ch authorization Form is required for <u>a</u> ian Authorization Form must matc	any changes	to th	e student's medication or medica			
• have your o	needs or may need administratinedical treatment is not currentle shild's health care provider compley 5.321) and submit both to the sp	l y stored in t ete and sign t	he s	chool health room, the parent/ hysician Authorization Form, atta	guardian must: ach a recent pictu	re of you	r child (pursuant t
 deliver any event. 	medication/supplies listed on the	Physician Au	ıthor	ization Form to the sponsor on th	e day of the field	trip/extra	curricular activity
	needs or may need administrati				er) or medical tro	eatment	and the
 the sponsor 	nedical treatment is currently st r will sign-out the medication from lar activity/event occurs during or	the school n	urse	the day of the field trip/extracurri	cular activity/eve	nt if the fi	eld trip/
	guardian must sign out the medica medication listed on the Physicia s.						
the sponsor school hour	r will return any unused medicatio s.	n/supplies to	the	parent/guardian if the field trip/ex	tracurricular activ	ity/event	ends outside of
	ow, I acknowledge that I have rea any of these requirements will res						
Parent/Guardi	ian Name (printed)		Par	ent/Guardian Signature		– _	Pate