



**HEALTH SERVICES**  
**OVERNIGHT FIELD TRIP MEDICATION PROCEDURE**  
**National Honor Society Wayne Valley**

SCHOOL: Wayne Valley

TRIP National Honor Society Trip to Montreal

DATES OF TRIP June 12-14, 2015

TRIP ADVISOR Mr. Mignanelli

Dear Parent/Guardian:

All students participating in an overnight school field trip and requiring medication (both non-prescription & prescription) must adhere to the following NJ State mandate regulations:

- 1 Pursuant to the NJ State Department of Education Administrative Code (N.J.A.C. 6A:16-2.1) the administration medication to students may **ONLY** be provided by the following authorized individuals: the school physician, school district employed school nurse (or substitute school nurse employed by the school district) or the student's parent.
- 2 N.J.S.A. 18A40-12.3 and 12.4 allows a student to self-administer asthma inhalers and Epi-pens with complete and accurate documentation provided (these forms can be obtained through your school health office).

"Medication" refers to a wide variety of substances approved by the Federal Food and Drug Administration (FDA) including but not limited to: all prescription medications and over the counter, non-prescription medications such as: Tylenol, Advil, Allergy & Cold Remedies, Dramamine & Vitamins.

**Students will NOT be permitted to carry medications unless pre-arranged with the nurse. Only essential medication will be dispensed by the authorized person.**

To determine required staffing needs ALL students participating on the above field trip MUST complete the bottom of this form and return to their trip advisor by December 23 ,2014 .

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Trip \_\_\_\_\_ Trip Advisor \_\_\_\_\_

Dates of Trip \_\_\_\_\_ I have received the letter which explains the policy and procedure for medication administration to students.

\_\_\_\_\_ I anticipate that my child **WILL NOT NEED** any medication on the above listed trip.

\_\_\_\_\_ I anticipate that my child **WILL NEED** the following medications on the above listed trip.

\*Please list all anticipated medications and include the dosage and time to be administered:

\_\_\_\_\_ Dated: \_\_\_\_\_ Signature of Parent/Guardian revised: