**EPS Off-Campus Medication and OTC Consent for EBC 2023**

It is Eastside Preparatory School’s policy that students self-administer doctor-prescribed medications during off-campus, school sponsored excursions. The following procedures must be followed before any medication can be taken during such experiences.

1. This form must be completed in entirety and submitted to Eastside Preparatory School prior the trip.
2. Each medication to be taken must be recorded on the *Medication Authorization Form*.
3. All medications must be in their original packaging, accurately labeled, and subject to school inspection.
4. Students may only bring enough medication for the trip, along with a one-day reserve. Bringing surplus medication is prohibited.

In cases when the student is unable to self-administer medications, and when this would preclude participation, parents/guardians may request certain medications to be administered by Eastside Preparatory School. EPS will automatically carry/administer EpiPens/inhalers for students who are not authorized to self-carry. Parents or guardians who wish to make these requests for other medications should contact the Director of Medical Services, Stephanie Hinson, in advance.

All parents/guardians agree to the following:

* Eastside Preparatory School and its employees may only administer oral medication, topical medication, eye drops, ear drops, and nasal spray.
* Eastside Preparatory School staff do not have formal medical training.
* Eastside Preparatory and its employees will not be held liable for any criminal action or civil damages from performing the function of administering medications as requested by the parent/guardian.

**Eastside Preparatory School Medication Authorization and OTC Consent**

* My child/ward will be responsible for self-administering the following medications during our student’s EBC course in April. I understand that Eastside Preparatory School is not responsible for the medication of my child/ward during this trip, nor will Eastside Prep or its employees be held liable for improper medication of my child/ward during this trip.
* **Over-The-Counter Medication Consent:** I hereby give permission for EPS Faculty and staff to administer over-the-counter medications, including Tylenol, ibuprofen, throat lozenges, etc. as deemed appropriate during EPS school-sanctioned activities for 2023 EBC program.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I certify that the medication(s) listed below is prescribed/recommended by a licensed health professional prescribing/recommending within the scope of the professional's prescriptive authority.
* I certify that the medication is in its original packaging, and it is properly labeled.

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| --- | --- | --- | --- |
| **Medication** | **Dose** | **Time(s) Taken** | **Special Notes** |
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