

## RSU 40 DISCRETIONARY MEDICATION - FIELD TRIP - EXTENDED FIELD TRIP FORM

*This permission form must be renewed annually.*

RSU 40 offers some over-the-counter medications for your child to receive on an "as needed" basis during the school day as well as on field trips both during and after school hours, with your signed permission. This service is free of charge to you. If you would like to participate, please complete this form and return it to the school office.

Student Name:	Date of Birth:
School:	Grade:
Parent/Guardian Phone #:	
Medication Allergies/Sensitivities:	

**Do you give permission for your child to receive the following medications from the school nurse (or designated, trained staff), or if on a field trip, the staff member responsible for administration of the medication?**

Acetaminophen* (Tylenol)	<input type="radio"/> Yes	<input type="radio"/> No
Ibuprofen* (Advil, Motrin)	<input type="radio"/> Yes	<input type="radio"/> No
Diphenhydramine* (Benadryl)	<input type="radio"/> Yes	<input type="radio"/> No
Non-Menthol Cough Drops (Middle & High School Only)	<input type="radio"/> Yes	<input type="radio"/> No

*\*Dose per child's age and/or weight if in grades PK-6*

**Please note:** Medications are intended for occasional use in accordance with accepted standards of practice, using age or weight-based dosage, when applicable. These over-the-counter medicines may only be administered with a parent/guardian's written permission and no verbal permissions will be accepted. Parents will be notified if the student develops a pattern of frequent visits. RSU 40 staff will attempt to notify parent/guardian if their child requires this medication during an Extended Field Trip.

We have the following standing orders in place, per advisement from Dr. Andrew Russ, RSU 40 Medical Director, to be used for students based off of nursing assessment/student needs - unscented lotions, petroleum-based jelly/lip balm, antibiotic ointment, and hydrocortisone cream. **If anything on this list is a medical risk or concern for your student, please email or contact the school nurse.**

I give permission for my child to receive any medication checked above on this form, as deemed necessary by the school nurse. If the school nurse is not present, I allow other trained school personnel to administer medications. By giving permission, I acknowledge that my child has no allergy or intolerance to the medications I choose to allow.

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

Cell/Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SCHOOL NURSE USE ONLY Grades PK through 6	
WT: _____ LBS.	Date: _____
Age: _____	Date: _____
DOSAGE: _____	Acetaminophen
DOSAGE: _____	Ibuprofen
DOSAGE: _____	Benadryl

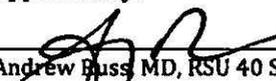
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**Approved by:**

  
Andrew Russ, MD, RSU 40 School Physician

6.17.25  
Date

