



Wayne
Township Public Schools

**HEALTH SERVICES
OVERNIGHT FIELD TRIP MEDICATION PROCEDURE**

SCHOOL _____ TRIP _____

DATES OF TRIP _____ TRIP ADVISOR _____

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 medications.

Students are NOT permitted to carry medications. (exceptions: see #2 above)

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 _____.
Date

Student’s Name _____ Grade _____ School _____

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** medication(s) on the above listed trip. I understand it is my responsibility to contact the school nurse to discuss the medications my child will need on the trip. These medications include:

Signature of Parent/Guardian

Dated: _____