

**Cab Calloway School of the Arts**  
**Field Trip - Student Medication Form**

Please print all of the required information and complete entire form.

Student Name (print): \_\_\_\_\_ Grade: \_\_\_\_\_

Location of Field Trip: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date of Trip: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M/ D/ Y

List any health issues or concerns:

List all allergies (medications, food, bees, other):

Has your child been prescribed an epipen or inhaler? YES NO

Will your child be bringing any over-the-counter or prescribed medication on this trip? YES NO

If you answered YES, continue to fill out the remainder of the form.

**STATE OF DELAWARE MEDICATION POLICY**

*All medication must be sent in the original container. No Ziploc bags or envelopes with medication will be accepted. All prescription medication information must be on the container's label prepared by a pharmacist and prescribed by a doctor. All epipens and inhalers must be labeled. **All over the counter medication require a written Providers order and can be faxed to the nurse. All DE Physicians are aware of this.** Please list any medication that your student will need on this trip:*

**LIST ALL PRESCRIBED MEDICATIONS YOUR CHILD WILL BE BRINGING ON THIS TRIP:**

<u>Name of Medication</u>	<u>Dose:</u>	<u>Time:</u>	<u>How it is taken:</u>
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- 1.
- 2.
- 3.
- 4.

**LIST ALL NON-PRESCRIPTION MEDICATION: (must have prescription from MD – Nurse fax 302-651-2656)**

<u>Name of Medication</u>	<u>Dose:</u>	<u>Time:</u>	<u>How it is taken:</u>	<u>RX included:</u>
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- 1.
- 2.
- 3.
- 4.

**ALL MEDICATIONS MUST BE BROUGHT TO THE SCHOOL NURSE'S OFFICE AT LEAST 72 HOURS IN ADVANCE.**

Please contact school nurse, Anne Cloud, for questions at 651-2700 x 504 or [anne.cloud@redclay.k12.de.us](mailto:anne.cloud@redclay.k12.de.us)