



Fairbanks North Star Borough School District

FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT
520 Fifth Ave. Fairbanks, AK 99701 (907) 452-2000

**FIELD TRIP
STAFF AUTHORIZATION TO ADMINISTER MEDICATION**

Student _____ Birthdate _____ Grade _____

Trained Staff Member _____ School _____

Parent/Guardian _____ Phone _____

PARENT/GUARDIAN STATEMENT

I understand that in the absence of a school nurse, other trained school staff will administer medication. I agree to defend and hold named school district employees harmless from any liability resulting from the medication or the manner in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements.

PRESCRIPTION MEDICATIONS (includes emergency medications)

Medical Condition (s) _____

Medication _____ Dosage _____ Time _____

Additional Instructions _____

Medication _____ Dosage _____ Time _____

Additional Instructions _____

Medication _____ Dosage _____ Time _____

Additional Instructions _____

All medication must be provided in the original pharmacy container with a current label that includes the student's name, medication, dosage, instructions, and healthcare provider name and phone number.

I knowingly give permission for the Fairbanks North Star Borough School District designated staff member to administer medication to my child while on a school sponsored field trip. I understand that a Request for the Administration of Medication must be on file at the school. I will notify the school nurse or the principal immediately if the medication is changed.

Parent/Guardian Signature _____ Date _____