

SUSSEX WANTAGE REGIONAL SCHOOL DISTRICT
27 Bank Street, Sussex, NJ 07461

FIELD TRIP MEDICATION FORM

_____ Student's Name	_____ Date of Trip
_____ Teacher Sponsoring Trip	_____ Trip Destination

Dear Parent/Guardian:

Below are listed options for children on Field Trips who receive a controlled substance or a prescription medication in school for a condition defined as non-life threatening.

PLEASE INDICATE YOUR CHOICE BELOW:

- A. I will accompany my child on the above field trip and I will administer the medication myself.
- B. On this date, the medication can be given at _____AM, and/or _____PM, by the building nurse instead of the regular ordered time. (Written orders from your doctor must be on file for the date of the trip for this option). Your doctor can FAX the new orders to the nurse using the number below.
- C. As parent/guardian I agree that today my child will not receive the medication at school.

_____ Name of Medication	_____ Dose	_____ Time Usually Given
_____ Parent /Guardian Signature	_____ Date	
_____ Doctor's Signature	_____ Date	

Pam Flynn, RN, BSN
School Nurse
Clifton E. Lawrence School
31 Ryan Road
Wantage, NJ 07461
973-875-8820 Option 2
Fax: 973- 875-8933

Deb Fisher. RN, BSN
School Nurse
Wantage School
815 Route 23
Sussex, NJ 07461
973-875-4589 Option 4
Fax: 973-875-2184

Harriet Anderson, RN, BSN
School Nurse
Sussex Middle School
10 Loomis Avenue
Sussex, NJ 07461
973-875-4138 Option 5
Fax: 973-875-6790