**ADMINISTRATIVE PROCEDURE 5163 – STUDENT TRIPS**

**FIELD TRIP FORMS**

|  |  |
| --- | --- |
| [**ATTACHMENT 1**](#Attachment1) | FIELD TRIP CHECKLIST |
| [**ATTACHMENT 2**](#ATTACHMENT2) | FIELD TRIP REQUEST FORM |
| [**ATTACHMENT 3**](#ATTACHMENT3) | SAMPLE PERMISSION SLIP:  DAY, OVERNIGHT & VIRTUAL   * [FRENCH](#ATTACHMENT3FRENCH) * [SPANISH](#ATTACHMENT3SPANISH) |
| [**ATTACHMENT 4**](#ATTACHMENT4) | CHAPERONE LISTING |
| [**ATTACHMENT 5**](#ATTACHMENT5) | PARTICIPATING STUDENT CONTACT INFORMATION |
| [**ATTACHMENT 6**](#ATTACHMENT6) | NOTIFICATION TO SCHOOL NURSE OF FIELD TRIP |
| [**ATTACHMENT 7**](#ATTACHMENT7) | PARENT WAIVER FOR TRIPS TO AMUSEMENT PARKS   * [FRENCH](#Attachment7French) * [SPANISH](#Attachment7Spanish) |

**SUPPLEMENTAL DOCUMENTS**

[Parent Fact Sheet for Medication at School](#MEDFAQSHEET)

* [French](#MEDFAQSHEETFRENCH)
* [Spanish](#MEDFAQSHEETSPANISH)

[Prescriber’s Medication Order Form](#MEDORDERFORM)

[Medication Administration Record (MAR)](#MEDADMINRECORD)

**A.P. 6153 – STUDENT TRIPS**

**Attachment 1 - Field Trip Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School: |  | | | |
| Date(s) of Trip: |  |  | Destination: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **VIRTUAL TRIPS**  *Due no less than 30 days prior to the scheduled trip.* | | *Area Office Use Only* | |
| *Complete* | *Needs Revision* |
| ☐ | Field Trip Checklist **(Attachment 1) –** Place as first page of Field Trip Packet |  |  |
| ☐ | Completed Field Trip Request Form (**Attachment 2**) |  |  |
| ☐ | Sample student permission slip provided to parents/guardians regarding the trip (**Attachment 3**) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DAY AND OVERNIGHT TRIPS**  *Due no less than 30 days prior to the scheduled trip.* | | *Area Office Use Only* | |
| *Complete* | *Needs Revision* |
| ☐ | Field Trip Checklist **(Attachment 1) –** Place as first page of Field Trip Packet |  |  |
|  | Completed Field Trip Request Form (**Attachment 2**) |  |  |
| ☐ | Sample student permission slip provided to parents/guardians regarding the trip (**Attachment 3**) |  |  |
| ☐ | Chaperone information form (**Attachment 4**) |  |  |
| ☐ | Participating Student Information Form (**Attachment 5**) |  |  |
| ☐ | Lesson Plan *(not required for competitions and performances)* |  |  |
| ☐ | If applicable, copy of the Parent Waiver Excluding Water-Related Activities (for all trips to amusement parks) **(Attachment 7)** |  |  |
| ☐ | Transportation carrier information (PGCPS E-ticket or a copy of the commercial bus carrier contract. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ADDITIONAL REQUIREMENTS FOR OVERNIGHT TRIPS** | | *Area Office Use Only* | |
| *Complete* | *Needs Revision* |
| ☐ | Completed non-local travel request for all attending school-based staff including signature of the traveler (employee) and principal |  |  |
| ☐ | Housing occupancy room assignments |  |  |

|  |  |  |
| --- | --- | --- |
| **SIGNATURE ROUTE** | **Virtual and Day Trips:** | Principal → Instructional Director |
| **Overnight Trips:** | Principal → Instructional Director → Associate Superintendent →  Chief of School Support and Leadership |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Prince George’s County Public Schools  14201 School Lane  Upper Marlboro, MD 20772 | | | | | | | | | | | | **A.P. 6153 – STUDENT TRIPS**  **Attachment 2 - Field Trip Request** | | | | | | | |
|  |
| **Select:** | | | | | |  | **VIRTUAL** | | | |  | | **DAY TRIP** | | |  | **OVERNIGHT TRIP (***continental U.S.)* | | | | |
| **School:** | |  | | | | | | | | | | | | | | | | | | | |
| **Destination:** | |  | | | | | | | | | | | | | | | | **Cost per student:** | |  | |
| **Group attending** *(i.e., grade level, organization/club)* | | | | | | | | |  | | | | | | | | | | | | |
| **Number of students:** | | | |  | | | | **Number of chaperones:** | | | | | | | | |  | | | | |
| **Date of departure:** | | |  | | | | | | |  | | | | **Time of departure:** | | | |  | | | |
| **Date of return:** | | |  | | | | | | |  | | | | **Time of return:** | | | |  | | | |
| **Transportation carrier:** | | | | |  | | | | | | |  | | |  | | | |  | | | |

Must be an approved vendor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Teacher in charge:** |  |  | **Email:** |  |
| **Teacher in charge:** |  |  | **Email:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description and objective:** | |  | | |
| *I certify that parents will be given all necessary information relative to this trip and that all possible precautions will be taken to insure its safety and value. I certify that complete liability is provided for by the carrier and/or agent.* | | | | |
|
|  | |  |  | |
| **Principal's Signature** | |  | **Date** | |

***\*For high-risk activities requiring further review and approval only. \*\*For all Interscholastic Athletic trips.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *\*Approved/Denied* |  | Office of Risk Management |  | Date |
|  |  |  |  |  |
| *\*\*Approved/Denied* |  | Office of Athletics |  | Date |
|  |  |  |  |  |
| Approved / Denied |  | Area Instructional Director |  | Date |
|  |  |  |  |  |
| Approved / Denied |  | Area Associate Superintendent |  | Date |
|  |  |  |  |  |
| Approved / Denied |  | Chief of School Support and Leadership |  | Date |

**FOR OFFICE USE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Received (Area Office):** |  | **Packet Received Complete:** | ☐ Yes ☐ No | **Final Packet Completion Date :** |  |

**A.P. 6153 – STUDENT TRIPS**

**Attachment 3 - Permission Slip**

**BOARD OF EDUCATION OF PRINCE GEORGE’S COUNTY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School:** |  |  | **Date:** |  |
| Dear Parent(s)/Guardian(s): | |  |  |  |

|  |  |  |
| --- | --- | --- |
| This is to inform you that the |  | is planning a field trip |

*(class, group, organization)*

|  |  |  |  |
| --- | --- | --- | --- |
| to |  | on |  |

*(destination)* *(date)*

|  |  |  |
| --- | --- | --- |
| The sponsoring teacher for this trip is | |  |
| The purpose of this trip is to |  | |
| |  |  |  | | --- | --- | --- | | Students intending to participate in said field trip are expected to assemble at the school on the date of the trip | | | | at |  |  | |   *(time)*  *Depending on the departure and/or return time, you may be responsible for transporting your child to and/or from school.* | | |

|  |  |
| --- | --- |
| Transportation to and from the field trip destination will be provided by |  |

*(public school bus or authorized commercial carrier)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The cost to each participating student is $ |  | A deposit in the amount of $ |  | is due on or before |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | and the remaining balance of $ |  | is due on or before |  |

*(date) (balance) (date)*

|  |  |  |
| --- | --- | --- |
| Kindly make payments to the order of |  | which is handling all of the |

*(Name of authorized travel agency)*

|  |  |
| --- | --- |
| arrangements for this trip.  *In the event of cancellation, the Board of Education of Prince George’s County shall assume no responsibility or liability for the failure of any travel agency or other source having assumed the responsibility of making travel arrangements, failing to issue refunds, in whole or in part, to the students originally anticipated to participate in the student trip. \*You should also be advised that this payment may be non-refundable if your son/daughter cancels the trip participation and no substitute student can be found to take and pay for said trip in his/her place.*  *Furthermore, please be informed that it is the policy of the Board of Education of Prince George’s County that no student be denied the opportunity to participate in a Field Trip for reasons on inability to pay. Accordingly, if you are desirous of having your son/daughter participate in said Field Trip but are unable to pay therefore, please call me at your earliest opportunity.*  *\*This field trip will be funded in part by Board of Education school budget funds.* | |
| Sincerely, | Supplemental Information: |

**A.P. 6153 – STUDENT TRIPS**

**Attachment 3 - Permission Slip (CONT’D)**

**RETURN THIS COMPLETED FORM TO YOUR CHILD’S SCHOOL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School:** |  |  | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| I/We hereby give permission for our son/daughter |  | to participate in the |

*(student’s name)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| field trip to |  | on |  | for |  |

*(destination) (date) (class, group, organization)*

|  |  |
| --- | --- |
| being sponsored by |  |

(sponsoring teacher)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I/We hereby certify that the information to which this permission slip has been attached has been read by me/us. | | | | |
|  | | |  |  |
| **Parent’s Signature** | | |  | **Date** |
| Enclosed: $ |  |  | |  |

**Emergency Medical Treatment Authorization**

|  |  |  |
| --- | --- | --- |
| **Parents or Guardians (Please print):** | | |
| 1. | Phone (w): | Phone (c): |
| 2. | Phone (w): | Phone (c): |
| **Emergency Contact: *(if parents can’t be reached)*** | | |
| 1. | Phone (w): | Phone (c): |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Health Information** | |  |  |
| 1. Does your child currently have a Prescriber’s Medication Order Form on file to receive authorized medication at school?  *A Prescriber's Medication Order Form* ***and*** *medication(s) for all prescription and/or non-prescription medications (not administered at school) to the nurse properly labeled at least* ***30 days prior*** *to field trips to ensure adequate time for packing of medications as well as to train staff on mediation administration and documentation.* | | Yes ☐ | No ☐ |
| 2. Does your child have any medical conditions or disabilities?   |  |  | | --- | --- | | If yes, please explain: |  | | | Yes ☐ | No ☐ |
| 3. Does the above restrict any activities? If, yes, please explain below: | | Yes ☐ | No ☐ |
| 4. Is your child covered by hospitalization and/or accident insurance? | | Yes ☐ | No ☐ |
| Name of Insurance Carrier: |  | | | |
| Family Physician (Name and Phone): |  | | | |
| Dentist (Name and Phone): |  | | | |

NOTE: In a serious emergency, your son/daughter may have to be taken to the nearest hospital emergency room. Should such action be necessary, you will be notified as soon as possible and will be responsible for any charges incurred. The school has no funds to meet the bills resulting from care, which is sought outside the school setting. It is important that you understand that your signature on this card does not give the hospital permission to treat your son/daughter.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent/Guardian** |  |  | **Date:** |  |



FORMULARIO “X” – EXCURSIÓN DE DÍA (Anexo. 2 – PA 6153):

**JUNTA DE EDUCACIÓN DEL CONDADO DE PRINCE GEORGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Escuela**: |  |  | **Fecha**: |  |

|  |  |  |
| --- | --- | --- |
| Estimados padres:  Esta carta es para informarles que |  | está planeando |

*(class, group, organization)*

|  |  |  |  |
| --- | --- | --- | --- |
| una excursión de día a |  | el |  |

*(destinación)*   *(date)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| El maestro patrocinador de esta excursión es | | | |  |
| El objetivo de esta excursión es | |  | | |
| Se espera que los estudiantes que tengan la intención de participar en la excursión se reúnan en la escuela | | | | |
| el día de la excursión a las |  | | | |
| *\*Debido a la hora de salida o regreso, usted tiene la responsabilidad de transportar a su hijo a la escuela y recogerlo.* | | | | |
|  | | | prestará el servicio de transporte desde y hacia el lugar de la excursión. | |

(public schools bus or authorized comercial carrier)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| El costo de participación por estudiante es de |  | Debe pagarse un depósito de $ |  | a más tardar el. |

(total cost) (deposit)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | y el saldo restante de $ |  | debe pagarse antes del |  |

*(date)* *(balance)* *(date)*

|  |  |  |
| --- | --- | --- |
| Por favor, haga sus pagos a nombre de |  | que es quien está manejando las. |

*(Name of the authorized travel agency)*

|  |  |
| --- | --- |
| disposiciones de esta excursión.  En caso de cancelación, la Junta de Educación del Condado de Prince George no asumirá ninguna responsabilidad u obligación si cualquier agencia de viajes u otra fuente que haya asumido la responsabilidad de las disposiciones del viaje, no hace reembolsos parciales o totales a los estudiantes que originalmente planeaban participar en la excursión. \*También debe saber que es posible que no se le reembolse esta cuota si su hijo/hija cancela su participación en la excursión y no se encuentra a ningún estudiante para que tome su puesto y pague por la excursión.  Además, tenga en cuenta que la política de la Junta de Educación del Condado de Prince George establece que a ningún estudiante se le puede negar la oportunidad de participar en una excursión por imposibilidad de pago. Por consiguiente, si desea que su hijo o hija participe en dicha excursión, pero no le es posible pagar por ello, por favor, llámeme en la primera oportunidad posible.  *\*Esta excursión será financiada en parte por la Junta de Educación, con fondos del presupuesto escolar.* | |
| Atentamente, | Información adicional: |

**JUNTA DE EDUCACIÓN DEL CONDADO DE PRINCE GEORGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Escuela**: |  |  | **Fecha**: |  |

|  |  |  |
| --- | --- | --- |
| Yo/nosotros autorizo/autorizamos a nuestro hijo/hija |  | para participar en |

(nombre del estudiante)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| la excursión a |  | el |  | para |  |

(lugar) (fecha) (clase, grupo, organización)

|  |  |
| --- | --- |
| patrocinada por |  |

(maestro patrocinador)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yo/nosotros certificamos que he/hemos leído la información adjunta a este formulario de autorización. | | | | | |
|  | | |  | |  |
| Firma del padre | | |  | | Fecha |
| Dinero adjunto: $ |  |  | |  | |

**Formulario de autorización de tratamiento médico en caso de emergencia**

|  |  |  |
| --- | --- | --- |
| **Padres o tutores (Por favor escriba en letra de molde)** | | |
| 1. | Teléfono (trabajo): | Teléfono (celular): |
| 2. | Teléfono (trabajo): | Teléfono (celular): |
| **Contacto de emergencia: *(si no se puede contactar a los padres)*** | | |
| 1. | Teléfono (trabajo): | Teléfono (celular): |

|  |  |  |  |
| --- | --- | --- | --- |
| **Información de salud del estudiante** | |  |  |
| 1. ¿Tiene su hijo actualmente un formulario de orden de medicamentos del recetador en el archivo para recibir medicamentos autorizados en la escuela?  Se debe aportar un Formulario de orden de medicamentos del médico recetador **y** todos los medicamentos, tanto recetados como sin receta (que no se administran en la escuela) correctamente etiquetados a la enfermera, al menos **30** **días antes** de la fecha de las excursiones para garantizar que haya suficiente tiempo para empacar los medicamentos y entrenar al personal sobre la administración del medicamento y su documentación. | | Sí | No |
| 2. ¿Tiene su hijo una afección médica o discapacidad? En caso afirmativo, por favor, descríbalas.   |  | | --- | |  | | | Sí | No |
| 3. ¿Lo anterior restringe alguna actividad? En caso afirmativo, por favor, descríbalas. | | Sí | No |
| 4. ¿Cuenta el estudiante con algún seguro médico en caso de hospitalización y/o accidente? | | Sí | No |
| Nombre de la compañía de seguro médico: |  | | | |
| Médico familiar (nombre y número de Teléfono): |  | | | |
| Dentista (nombre y número de teléfono): |  | | | |

NOTA: En caso de una emergencia grave, puede que se traslade a su hijo a la sala de emergencia del hospital más cercano. En caso de que tal medida sea necesaria, se le notificará lo antes posible, y será responsable de cualquier gasto en el que se incurra. La escuela no tiene fondos para pagar las facturas que resultan de la atención que se solicita fuera del entorno escolar. Es importante que usted entienda que su firma en esta tarjeta no da permiso al hospital para tratar a su hijo/hija.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Padre/tutor** |  |  | **Fecha:** |  |



**COMMISSION DE L’ÉDUCATION DU COMTÉ DE PRINCE GEORGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **École :** |  |  | **Date** : |  |

|  |  |  |
| --- | --- | --- |
| Chers parent(s) :  La présente est pour vous informer que |  | Prévoit |

*(class, group, organization)*

|  |  |  |  |
| --- | --- | --- | --- |
| une excursion à |  | le |  |

*(destination) (date)*

|  |  |  |  |
| --- | --- | --- | --- |
| L’enseignant parrain de ce voyage est | |  | |
| L’objectif de ce voyage est de |  | | |
| Les élèves qui désirent participer à cette excursion doivent se rassembler à l’école le jour de la sortie éducative à | | |  |

*(time)*

|  |  |
| --- | --- |
| *\*Du fait de l’heure de départ et/ou de retour, vous pourrez avoir la responsabilité de transporter votre enfant à et/ou de l’école.* | |
| Le transport vers ou depuis le lieu de l’excursion sera assuré par |  |

*(public school bus or authorized commercial carrier)*

|  |  |  |  |
| --- | --- | --- | --- |
| Le coût pour chaque enfant participant est  $ |  | Un acompte d'un montant de $ |  |

*(total cost)* *(deposit)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| est dû avant ou au plus tard le $ |  | et le montant restant de  $ | |  | | |
|  | *(date)* |  | | *(balance)* | | |
| est dû avant ou au plus tard le |  | Veuillez faire les paiements à | |  | | | |
|  | *(date)* |  | | *(Name of authorized travel agency)* | | | |
| qui a la charge des arrangements de cette excursion. | |  | |  | |
| En cas d’annulation, la Commission de l’éducation du comté de Prince George n’assumera aucune responsabilité ou engagement pour l’échec de toute agence de voyage ou autre source ayant assumé la responsabilité de faire les arrangements du voyage, de manquer à faire des remboursements, en tout ou en partie, aux élèves initialement sensés participer au voyage d’étudiants. \*Soyez aussi avisé que ce paiement peut être non remboursable, si votre fils/fille annule sa participation au voyage et qu’aucun élève remplaçant ne peut être trouvé pour couvrir les frais et prendre sa place lors dudit voyage.  En outre, soyez informé que c’est la politique de la Commission de l’Éducation, qui prévoit qu’aucun élève ne soit privé de l’opportunité de participer à une excursion pour la raison qu’il ne peut pas payer les frais. Par conséquent, si vous désirez que votre fils/fille participe à ladite excursion mais vous n’êtes pas en mesure de payer, veuillez m’appeler dès que vous avez l’occasion.  *\*Cette excursion sera financée en partie par le fonds du budget scolaire de la Commission de l’Éducation.* | | | | | | |
| Cordialement, | | | Information supplémentaire : | |

**COMMISSION DE L’ÉDUCATION DU COMTÉ DE PRINCE GEORGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **École :** |  |  | **Date** : |  |

|  |  |  |
| --- | --- | --- |
| Je/Nous donnons par la présente permission à notre fils / fille |  | de participer à |

Nom de l’élève

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| l’excursion à |  | le |  | pour |  |

(*destination) (date) (classe, groupe, organisation)*

|  |  |
| --- | --- |
| sponsorisé par |  |

*(Enseignant parrain)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Je/Nous certifions par la présente, que le formulaire auquel était attaché cette autorisation a été lu par moi/nous. | | | | | | | |
|  | | |  |  | | |
| Signature du parent : | | | | |  | Date | |
| Ci-joint : $ |  |  | | | |  | |

**Autorisation de traitement médical d'urgence**

|  |  |  |
| --- | --- | --- |
| **Parents ou tuteurs (Veuillez écrire en lettres d’imprimerie) :** | | |
| 1. | Téléphone (T) : | Téléphone (C) : |
| 2. | Téléphone (T) : | Téléphone (C) : |
| **Contact d'urgence : *(si les parents ne peuvent être joints)*** | | |
| 1. | Téléphone (T) : | Téléphone (C) : |

|  |  |  |  |
| --- | --- | --- | --- |
| **Informations sanitaires de l’élève :** | |  |  |
| 1. Votre enfant dispose-t-il actuellement d'un Formulaire d'ordonnance de médicament du prescripteurdans son dossier pour recevoir des médicaments autorisés à l'école ?   Un formulaire d'ordonnance de médicaments du prescripteur **et** le(s) médicament(s) pour tous les médicaments prescrits et/ou non prescrits (non administrés à l'école) à l'infirmière correctement étiquetés au moins **30 jours avant** les excursions afin de garantir un temps suffisant pour l'emballage des médicaments ainsi que pour former le personnel à l'administration et à la documentation des médicaments. | | Oui ☐ | Non ☐ |
| 1. Votre enfant a-t-il des problèmes médicaux ou des handicaps ? Si oui, veuillez expliquer :  |  | | --- | |  | | | Oui ☐ | Non ☐ |
| 1. Les conditions susmentionnées limitent t-elles toute activité ? Si oui, Veuillez expliquer ci-dessous : | | Oui ☐ | Non ☐ |
| 1. Votre enfant est-il couvert par une assurance hospitalisation et/ou accident ? | | Oui ☐ | Non ☐ |
| Nom de la compagnie d’assurance : |  | | |
| Médecin de famille (Nom et téléphone) : |  | | |
| Dentiste (Nom et téléphone) : |  | | |

REMARQUE : En cas d’urgence grave, votre fils/fille peut avoir à être transporté aux urgences de l’hôpital le plus proche. Si cette action s’avère nécessaire, vous serez informé dès que possible et serez responsable pour tous les frais encourus. L’école n’a pas de fonds pour faire face aux factures résultant des soins qui sont fournis en dehors du bâtiment scolaire. Il est important que vous compreniez que votre signature sur cette carte ne donne pas la permission à l’hôpital de soigner votre fils/fille.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent/Tuteur** |  |  | **Date :** |  |

**A.P. 6153 – STUDENT TRIPS**

**Attachment 4: Participating Student Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Student Name** | **M/F** | **Parent Name** | **Telephone Number** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
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|  |  |
| --- | --- |
| School: |  |
| Principal: |  |
| Sponsoring Teacher: |  |
| Sponsoring Teacher’s Phone #: |  |
| Field Trip Date: |  |

**A.P. 6153 – STUDENT TRIPS**

**Attachment 5: Chaperone Listing**

***To be submitted with all field trip requests; all chaperones must have background clearance.***

Please use the Student/Chaperone Ratio provided in Administrative Procedure (6153) to determine the number of chaperones needed. Half the number of chaperones must be staff members, unless an alternative coverage plan is approved by the ID. (Example: 48 Kindergarten students going on a trip, divided by 4 students per chaperone equals 12 chaperones, 6 of which must be staff members)

|  |  |
| --- | --- |
| ECC, Pre-K, Kindergarten | 1 chaperone for every 4 students |
| Elementary School Level | 1 chaperone for every 10 students |
| Middle School Level | 1 chaperone for every 10 students |
| High School Level | 1 chaperone for every 15 students |
| Overnight and Foreign Travel (all levels) | 1 chaperone for every 5 students |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Staff (S)**  **OR Volunteer (V)** | **Male/ Female** | **Cell Phone Number** | **Fingerprinting\*\* (15 business days  prior to activity)** | **SafeSchools Training** |
|  |  |  |  |  |  |
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***\*\*Effective October 1, 2016, all field trip chaperones must undergo a Background Check Investigation and SafeSchools Training (see AP 4215, AP4216.6).***

|  |  |  |  |
| --- | --- | --- | --- |
| School Name: |  | Principal: |  |
| Trip Sponsor: |  | Sponsor Phone #: |  |
| Field Trip Date: |  | Destination: |  |



**A.P. 6153 – STUDENT TRIPS**

**Attachment 6: Notification to School Nurse of Field Trip**

|  |  |
| --- | --- |
| **School:** |  |
| **Sponsoring Teacher (s):** |  |
| **Destination:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Departure Date:** |  |  | **Return Date:** |  |
| **Departure Time:** |  |  | **Return Time:** |  |

Teachers planning field trips MUST:

* Notify school nurse of date, time, place and length of trip at least thirty (30) days in advance;
* Provide the nurse with a list of students going on the field trip at least thirty (30) days in advance;
* Provide parents with information addressing medications given on field trips and medication forms (forms are available on the Health Services website or in the health room).;
* Meet with the school nurse no less than 7 days prior to trip to review medication administration instructions;
* Provide for safe storage of medication on field trip;
* On field trip departure day, collect medications from school nurse;
* Complete documentation immediately following the administration of medications(s) or upon return of trip.
* Return all medication and forms to professional school nurse at end of the trip.

*Attachment 6 does not have to be submitted as part of a field trip packet.*



**A.P. 6153 – STUDENT TRIPS**

**Attachment 7 - Parent Waiver Excluding Water-Related Activities**

In accordance with amended Administrative Procedure 6153 – Student Trips: Day and Overnight, a parent waiver is required for each student attending a Prince George’s County Public Schools (PGCPS) approved field trip to an amusement park, beach or other locations where water activities are available. Students may not participate in or utilize splash parks, wave pools, or other contained bodies of water while on a field trip to an amusement park or other specified location.

**To be completed by a school administrator:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **School:** |  | | | **Date:** |  | |
| **Name of Event:** | |  | | | | |
| **Destination:** | |  |  | **Event Date:** | |  |



Dear Parent/Guardian;

Your son/daughter is scheduled to participate in school-sponsored field trip to an amusement park. In addition to the standard permission slip, Prince George’s County Public Schools is requiring this Waiver Form in order for your child to participate.

Your signature below indicates your observance and understanding of the following:

* My child will not engage in or utilize s**lash parks, wave pools, or other contained bodies of water.** Should my child become non-compliant, I will hold harmless Prince George’s County Public Schools.
* If I choose to chaperone this event, I will not allow my child or any other student in my charge to participate in or utilize the **splash parks, wave pools, or other contained bodies of water while on the field trip.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature : |  | Date : |  |
| Printed Name: |  |  |  |
| Child’s Name: |  |  |  |
|  | (Please Print) |  |  |



**A.P. 6153 – VOYAGES D’ÉLÈVES :**

**Pièce jointe 7 - Renonciation des parents excluant des activités aquatiques**

Conformément à la procédure administrative modifiée 6153 - Voyages d’élèves : De jour et avec nuitée Dans le cas d'une sortie scolaire approuvée par les Écoles publiques du comté de Prince George (PGCPS) dans un parc d'attractions, à la plage ou dans d'autres endroits où des activités aquatiques sont proposées, une renonciation des parents est nécessaire pour chaque élève. Les élèves ne peuvent pas participer ou utiliser des parcs à jets d'eau, des piscines à vagues ou d'autres plans d'eau fermés, lors d'une excursion dans un parc d'attractions ou un autre lieu spécifié.

***À être rempli par un administrateur scolaire*:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(*École*) :** |  | | | **Date :** |  | | |
| ***(Nom de l’événement)* :** | |  | | | | |
| **Destination :** | |  |  | **(*Date de Événement)* :** | |  | | |

Cher parent / tuteur,

Votre fils/fille doit participer à une excursion scolaire dans un parc d'attractions. En plus de la feuille de permission standard, les Écoles publiques du comté de Prince George exigent ce formulaire de renonciation, pour que votre enfant puisse participer.

Votre signature ci-dessous indique votre respect et votre compréhension des éléments suivants :

* Mon enfant ne s'engagera pas dans ou n'utilisera pas **les parcs d'attractions, les piscines à vagues ou autres plans d'eau fermés.** Si mon enfant ne se conforme pas, je dégagerai les Écoles publiques du comté de Prince George de toute responsabilité.
* Si je choisis de chaperonner cet événement, je ne permettrai pas à mon enfant ou à tout autre élève dont j'ai la charge de participer ou d'utiliser les **parcs à jets d'eau, piscines à vagues ou autres plans d'eau fermés pendant l’excursion.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature : |  | Date : |  |
| Nom en caractères d’imprimerie : |  |  |  |
| Nom de l’enfant : |  |  |  |
|  | *(Veuillez écrire en lettres d’imprimerie)* |  |  |



**A.P. 6153 –Excursiones estudiantiles**

**Anexo 7 -Formulario de exención para padres para excluir**

**las actividades relacionadas con el agua**

De acuerdo con el Procedimiento Administrativo 6153 enmendado – Excursiones estudiantiles: de día y toda la noche, se requiere una exención de los padres para cada estudiante que asista a una excursión aprobada por las Escuelas Públicas del Condado de Prince George (PGCPS por sus siglas en inglés) a un parque de diversiones, playa u otros lugares donde haya actividades acuáticas disponibles. Los estudiantes no pueden participar ni utilizar parques acuáticos, piscinas de olas u otras masas de agua interiores durante una excursión a un parque de diversiones u otro lugar específico.

**Esta sección debe ser completada por un administrador escolar:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Escuela:** |  | | | | **Fecha:** |  | |
| **Nombre del evento:** | | |  | | | | | | |
| **Destino:** | |  | |  | **Fecha del evento:** | |  | |

Estimado padre/tutor:

Su hijo/hija tiene programado participar en una excursión a un parque de diversiones patrocinada por la escuela. Además de la autorización estándar, el sistema de las Escuelas Públicas del Condado de Prince George requiere este Formulario de exención para que su hijo pueda participar en este evento.

Su firma a continuación indica su comprensión y cumplimiento:

* Mi hijo no participará ni utilizará **parques acuáticos, piscinas de olas u otras masas de agua interiores.** Si mi hijo no cumple, eximiré de responsabilidad a las Escuelas Públicas del Condado de Prince George.
* Si elijo acompañar este evento, no permitiré que mi hijo o cualquier otro estudiante a mi cargo participe o utilice los **parques acuáticos, piscinas de olas u otras masas de agua interiores durante la excursión.**

|  |  |  |  |
| --- | --- | --- | --- |
| Firma: |  | Fecha: |  |
| Nombre en letra de molde: |  |  |  |
| Nombre del niño: |  |  |  |
|  | *(Por favor escriba en letra de molde)* |  |  |



**Office of School Health**

**Parent Fact Sheet for Medication at School (PMOF)**

Please note: Medications will be administered at school ONLY when it is ABSOLUTELY necessary. If it has been deemed necessary for medications to be administered at school, the following guidelines MUST be followed:

1. No medication will be administered to your child **without** a completed Prescriber's Medication Order Form (PMOF) and properly labeled medication container.

B. When medication is brought or sent to school please do the following:

1. Notify the school staff prior to the medication being brought or sent to the school;
2. A completed PMOF to accompany the prescription or non-prescription medication(s) which is completed with the prescriber's signature, address, phone number and current date. A new medication form MUST be submitted:

* At the beginning of each school year (dated no more than 90 days prior to the next school year);
* When there is a change in dosage, time, or frequency of the medication is to be given or specialized services;
* Non-prescription medication (over-the-counter) must come to school in the original non-opened container

3. Prescription medication will not be accepted by the school system unless the label matches the order and contains the following:

* The pharmacy name, address, and phone number
* Prescription number
* Date prescription was filled
* Name of student
* Name of medication
* Directions for administration
* Quantity provided
* Any special instructions (often a colored sticker)
* Name of physician
* Number of refills
* Expiration dates (except for prescriptions filled in federal facilities)

1. **Parents MUST give the first dose** of any non-emergency NEW prescription or over-the-counter (OTC) drug;

D. Controlled substance medication such as Methylphenidate, **MUST** be brought to the school by the parent, counted, and recorded on the Medication Inventory for Controlled Drugs with the school nurse or school staff member;

E. When your child needs specialized medication such as: nebulizer treatment, inhaler, Epi-pen, or diabetes management, notify Office of School Health IMMEDIATELY, there are special forms that you need to take to the authorized prescriber. These forms can be obtained at your school or on the school system website www.pgcps.org;

F. Self-carry/self-administration of emergency medication MUST be authorized by the prescriber **and** supported by the school nurse's assessment. The school nurse's assessment is to determine appropriate capability of safely carrying emergency medication and devise an appropriate plan to assure safe medication administration in school.

G. For field trips parents MUST provide:

A Prescriber's Medication Order Form **and** medication(s) for all prescription and/or non-prescription medications (not administered at school) to the nurse properly labeled at least thirty days prior to field trips.



**Bureau de la santé scolaire**

**Fiche détaillée pour le parent sur les médicaments à l'école (PMOF)**

Veuillez noter que : Les médicaments seront administrés à l'école UNIQUEMENT lorsque cela est ABSOLUMENT nécessaire. S'il a été jugé nécessaire d'administrer des médicaments à l'école, les directives suivantes DOIVENT être suivies :

1. Aucun médicament ne sera administré à votre enfant **sans** un formulaire de commande de médicament du prescripteur (PMOF) dûment rempli et un récipient de médicament correctement étiqueté.
2. Lorsque des médicaments sont apportés ou envoyés à l'école, veuillez procéder comme suit :
   * + 1. Aviser le personnel de l'école avant que les médicaments soient apportés ou envoyés à l’école ;
       2. Un formulaire PMOF dûment rempli accompagnant le(s) médicament(s) sur ordonnance ou en vente libre et comportant la signature du prescripteur, son adresse, son numéro de téléphone et la date du jour. Un nouveau formulaire de médication DOIT être soumis :

* Au début de chaque année scolaire (daté au maximum de 90 jours avant l'année scolaire suivante) ;
* Lorsqu'il y a une modification de la dose, de l'heure ou de la fréquence de l'administration du médicament ou des services spécialisés ;
* Les médicaments sans ordonnance (en vente libre) doivent arriver à l'école dans leur contenant original non ouvert

3. Les médicaments sur ordonnance ne seront pas acceptés par le système scolaire à moins que l'étiquette ne corresponde à l'ordonnance et ne contienne les éléments suivants :

* Nom, adresse et numéro de téléphone de la pharmacie.
* Numéro de l’ordonnance
* La date à laquelle l’ordonnance a été servie.
* Nom de l’élève
* Nom du médicament
* Instructions pour l’administration
* Quantité donnée
* Toute instruction spéciale (souvent une étiquette colorée)
* Nom du médecin
* Nombre de recharge sur ordonnance
* Dates d’expiration (sauf pour les ordonnances remplies dans des établissements fédéraux)

1. Les **parents DOIVENT donner la première dose** de tout NOUVEAU médicament non urgent, sur ordonnance ou en vente libre ;

D. Les médicaments à base de substances contrôlées, comme le méthylphénidate, **DOIVENT** être apportés à l'école par le parent, comptés et inscrits dans l’Inventaire des médicaments à base de substances contrôlées auprès de l'infirmière scolaire ou un membre du personnel de l'école ;

E. Lorsque votre enfant a besoin d'un médicament spécialisé, tel qu'un traitement par nébuliseur, un inhalateur, un Epi-Pen ou la gestion du diabète, informez IMMÉDIATEMENT le Bureau de la santé scolaire. Ces formulaires peuvent être obtenus dans votre école ou sur le site web du système scolaire www.pgcps.org ;

F. Le port et l'auto-administration de médicaments d'urgence DOIVENT être autorisés par le prescripteur **et** appuyés par l'évaluation de l'infirmière scolaire. L'évaluation de l'infirmière scolaire consiste à déterminer la capacité appropriée à transporter en toute sécurité les médicaments d'urgence et à concevoir un plan approprié pour assurer une administration sûre des médicaments à l'école.

G. Pour les excursions, les parents DOIVENT fournir :

Un formulaire d'ordonnance de médicament du prescripteur **et** le (s) médicament(s) pour tous les médicaments prescrits et/ou non prescrits (non administrés à l'école) à l'infirmière correctement étiquetés au moins trente jours avant les sorties scolaires.



**Oficina de Salud Escolar**

**Hoja informativa para los padres sobre la administración de medicamentos en la escuela**

**(PMOF, por sus siglas en inglés)**

Por favor, tenga en cuenta: Los medicamentos se administrarán en la escuela SOLO cuando sea ABSOLUTAMENTE necesario. Si se considera necesario administrar medicamentos en la escuela, SE DEBEN seguir a las siguientes directrices:

1. A su hijo/a no se le administrará **ningún** medicamento sin un Formulario de pedido de Medicamentos del Recetador (PMOF por sus siglas en inglés), y un recipiente de medicamentos debidamente etiquetado.

B. Cuando se traigan o se envíen medicamentos a la escuela, por favor, haga lo siguiente:

informe al personal escolar con antelación antes de traer o enviar el medicamento a la escuela;

complete un PMOF, el cual acompañará a los medicamentos tanto recetados como no recetados. El formulario se debe llenar con la firma, dirección y número de teléfono del recetador, así como la fecha actual. SE DEBE entregar un nuevo formulario de medicamentos en los siguientes casos:

* Al inicio de cada año escolar (con fecha no anterior a los 90 días previos al siguiente año escolar);
* siempre que haya un cambio de dosis, hora, o frecuencia con que se administra el medicamento o servicios especializados;
* los medicamentos sin receta deben traerse a la escuela en su recipiente original. No se debe abrir el recipiente antes de traerlo a la escuela

1. El sistema escolar no aceptará los medicamentos recetados a menos que lleven etiqueta que corresponda a la receta y que tenga la siguiente información:

* nombre de la farmacia, así como su dirección y número de teléfono;
* número de la receta;
* fecha en que se surtió la receta;
* nombre del estudiante;
* nombre del medicamento;
* instrucciones de administración;
* cantidad surtida;
* instrucciones especiales, si las hubiera (aparecen en etiquetas de color);
* nombre del médico;
* número de reabastecimientos;
* fechas de caducidad (excepto para recetas surtidas en instalaciones federales);

1. **los padres DEBEN administrar la primera dosis** de los medicamentos no urgentes con receta NUEVA, y los medicamentos que no requieren receta;
2. El padre o la madre **DEBE** traer a la escuela los medicamentos que contienen sustancias controladas, como el metilfenidato. La enfermera escolar o un miembro del personal escolar debe contabilizar y registrar el medicamento en el Inventario de Medicamentos para las Sustancias Controladas;
3. Cuando su hijo necesite medicamentos especializados, tales como tratamiento de nebulizador, inhalador, Epi-pen, o control de diabetes, informe a Servicios Sanitarios DE INMEDIATO. Estos son formularios especiales que tiene que llevar a un recetador autorizado. Estos formularios se pueden obtener en su escuela o en el sitio web del sistema escolar [www.pgcps.org](http://www.pgcps.org);
4. Los medicamentos autoadministrados que lleva el estudiante mismo y que se administran en casos de urgencia DEBEN ser autorizados por el recetador **y** respaldados por una evaluación llevada a cabo por la enfermera escolar. El objetivo de dicha evaluación es determinar la capacidad correspondiente de llevar medicamentos de urgencias de forma segura, así como crear un plan apropiado para garantizar la administración segura de medicamentos en la escuela.
5. Para las excursiones, los padres DEBEN facilitar lo siguiente:

Se debe brindar un Formulario de Pedido de Medicamentos del Médico recetador **y** todos los medicamentos, tanto recetados como sin receta (que no se administran en la escuela) correctamente etiquetados a la enfermera, al menos treinta días antes de la fecha de la excursión.

**Prince George’s County Public Schools**

**Prescriber’s Medication Order Form**

Prescription and Non-Prescription Medication

**ONE medication per form**

ONLY for school year (current)

|  |  |
| --- | --- |
| Name of School: |  |

**FOR COMPLETION BY PARENT(S)/GUARDIAN(S):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Full Name: |  | | | | | | |  | Date of Birth: |  |  | Grade: |  |
| Known Allergies: |  | None |  |  | Yes | Specify: |  | | | | | | |
|  | | | | | | |  | | | | | | |

* I hereby authorize the medication described below to be administered as directed by my child's health care prescriber.
* I understand that the prescriber will be called if a question arises about my child's medication as allowed by HIPAA.
* I understand that ALL medications must be labeled with the name of the medication, name of the student, name of the prescriber, date, and directions for administration and prescription medication(s) must be labeled by a registered pharmacist.
* I understand that I must supply the school with the equipment/supplies needed to administer the medication.
* I understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded.
* I understand 911 will be called immediately if a medical condition warrants it.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent/Guardian Signature: | |  | | | | | |  | Date: |  | |
| Home Phone #: |  | |  | Cell Phone #: |  |  | Work Phone #: | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR COMPLETION BY PRESCRIBER** | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication Name: | |  | | | | | | | | | |  | Dose: |  | | | | | |  | | Route: | |  |
| Reason for medication: | | | |  | | | | | | | | | | | | | | | | | | | | |
| Time of medication is to be given: | | | | | | |  | | |  | Frequency: | | | | | |  | | | | | | | |
| If PRN, for what symptoms: | | | | |  | | | | | | | | | | | | | | | | | | | |
| Side effects: | | | | |  | | | | | | | | | | | | | | | | | | | |
| Special Instructions: | | | | |  | | | | | | | | | | | | | | | | | | | |
| Date medication began (mo/day/yr): | | | | | | |  | | |  | Date medication discontinued (mo/day/yr): | | | | | | | | | | | |  | |
| Prescriber’s Name/Title (print): | | | | | | |  | | | | | | | | | | | | | | | | | |
| Telephone: |  | | | | | | |  | FAX: |  | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | |
| Prescriber’s Signature: | | |  | | | | | | | | | | | |  | | Date: | |  | | | | | |
| *(Original Signature or signature stamp only)* | | | | | | | | | | | | | | |  | | | | | | | | | |
| Order reviewed by RN/LPN: | | | | | |  | | | | | | | | | |  | | Date: | | |  | | | |

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**Medication Administration Record (MAR)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** |  |  | **DOB:** |  | **Allergies:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medication, Dose, Route, Time/Frequency** | **MO/**  **YR** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
|  | AUG/ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | JAN/ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | FEB/ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | MAR/ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | APR/ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | MAY/ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | JUN/ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | JUL/ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**\*\*Circle around box indicates SEE PROGRESS NOTE\*\***

\* Disposition Code: A = Absent R= Refused NMA = No Medication Available D = Destroyed X = School Closed

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| --- | --- | --- | --- | --- | --- | --- |
| **Signature(s) of Medication Administrators** | **Position** | **Initials** |  | **Signature(s) of Medication Administrators** | **Position** | **Initials** |
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