

Summit Christian Academy  
**IMPACT TRIP**

**AUTHORIZATION TO DISPENSE MEDICATION**

**All medications must be brought the morning of the trip directly to the impact director or authorized SCA employee by parent.**

**This form is for impact trips only and will accompany your student on the trip. It will not be used in the SCA nurse's office during regular school days.**

**NEVER SEND MEDICATIONS WITH THE STUDENT**

**ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER WITH STUDENT'S NAME**

Date \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

**Medication taken daily:** Please list any medication your child must be given regularly while on this Impact trip:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) \_\_\_\_\_ Reason \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) \_\_\_\_\_ Reason \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) \_\_\_\_\_ Reason \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Complete the following **ONLY** if your student has diabetes or asthma:

I authorize my child to self-administer & carry his/her prescription asthma or diabetes medication while on school property or at school-related events. **YES NO**

**Parent or Guardian's Signature** \_\_\_\_\_ **Phone #** \_\_\_\_\_

If applicable, a licensed health care provider must complete the following:

This student has asthma or diabetes and is capable of self-administering the prescription medicine. **YES NO**

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_

Circumstances under which the medicine may be administered \_\_\_\_\_

**Health Care Provider's Signature** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Narcotic Medication only:**

A licensed health care provider **MUST** complete the following if a narcotic medication is required during this trip.

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_ Reason \_\_\_\_\_

**Licensed Health Care Provider's Signature** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Date** \_\_\_\_\_

*If a student requires a narcotic for pain, they should not be at school. An appropriate dose of pain control should cause drowsiness affecting the student's ability to learn. Special arrangements will be considered for long term health issues with appropriate documentation from a physician.*