

OCM BOCES/SUNYESF
 Adirondack Field Studies Summer Program
 Cranberry Lake

Date of trip: From _____ to _____

Student Medication Form

Student medication will be permitted on the Adirondack Field Studies trip only with signed consent from the student's parent and healthcare provider. All prescribed and over-the-counter medication must be registered with our nurse, **CHRISTINA BEAM**. All medication must be in the original labeled container, which specifies the student's name and date of birth, the type of medication, the dosage and times of administration.

Please Complete Section A or B

Section A / Self-Directed Student

_____ (student's name) is capable of self-administering medication and allowed to take the following medication(s) while on the Adirondack Field Studies trip.

Medication Name	Instructions

Parent Signature / Date

Health Care Provider Signature / Date

Section B / Non Self-Directed Student

_____ (student's name) is not capable of self-administering medication and will require assistance with the following medication(s) while on the Adirondack Field Studies trip.

Medication Name	Instructions

Parent Signature / Date

Health Care Provider Signature / Date