



Springfield Platteview  
Community Schools  
Health Services

Dear Parent/Guardian:

If your child will be attending Outdoor Ed and will require medications, you will need to complete the "Outdoor Education Medication Permission" form attached to this letter. This form covers both over the counter and prescription medications. A form will need to be completed for each medication, regardless of whether they have one on file with the school.

Please note, if a medication is prescribed by a physician, the form needs to be signed by the physician. For over the counter medication, only the parent/guardian needs to sign the form. Medications (prescribed or over the counter) will not be given without a completed and signed permission form. All medications must be sent in the original packaging. Medications that are not brought in original packaging or prescription bottle will NOT be administered.

All prescription medications must have the current prescription label attached to the bottle. If the medication is considered a "Controlled Substance", such as Ritalin, Adderall, Focalin, the parent/guardian must bring in the medication to the school prior to leaving for Outdoor Education so that the medication can be counted with the parent present prior to leaving. Only the exact number of pills needed for Outdoor Education will be taken.

All medications and permission forms need to be handed in no later than 48 hours prior to student departure. This will allow for necessary planning and organization needed to keep your student safe.

Any food allergies or diet restrictions need to be communicated to Michelle Parr, Vanessa Miller, or Colleen Sylvester.

If you have any questions, feel free to contact me at 402-339-3606

Sincerely,

Kelli Haynes RN, MSN  
Springfield Platteview Community Schools  
District RN



Instructions:

For over the counter medication complete the top part of the form below.

For prescription medications, complete the bottom section along with physician signature.

A form is required for each medication to be administered during Outdoor Education.

**OVER THE COUNTER MEDICATION PERMISSION FORM**

I hereby authorize Springfield Platteview Community School personnel to administer the medication listed below to my child, \_\_\_\_\_, during Outdoor Education.

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN PRESCRIPTION MEDICATION PERMISSION FORM**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Timing/Special Instructions for Medication: \_\_\_\_\_

Can a reaction be expected: Y/N If so please describe: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone