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Field Study Medication Guidelines

If your student requires prescription medication while on a field study, A PHYSICIAN SIGNATURE VERIFYING MEDICATION IS REQUIRED.

If your student has a current and complete Physician Student Medical Form (Form A2) on file in the nurses clinic, it will cover this requirement for the entirety of the school year, **as long as there are no medication changes**. You will still need to complete this Field Study Medication Form (Form B), but it does not need a physician signature.

If your student DOES NOT have a current and complete Physician Student Medical Form (Form A2) on file in the nurses clinic, you have 2 options for prescription medication coverage while on a trip.

1. Have your student's physician sign the completed Field Study Medication Form (Form B).
2. Have your student's physician complete and sign a Physician Student Medical Form (Form A2 - which will cover the rest of the school year) to turn in with the Field Study Medication Form.

If you are unsure if your student has an acceptable Physician Student Medical Form on file, or if you have questions regarding the above requirements, please email nurse@ivyacademychattanooga.com. Please include your student's LEGAL name (not shortened or nickname) in the email.

Other important information:

- Only prescription medications require a physician signature. Over-the-counter medications, such as melatonin, ibuprofen, etc. DO NOT.
- EVERY student needing medication (prescription and/or OTC) on a field study must turn in this Field Study Medication Form (Form B), **preferably when the field study permission slip is returned**.
- Quick links to medical and medication forms:
 - Physician Student Medical Form 23/24 (<https://tinyurl.com/PGM2324>) Required for **ALL STUDENTS AT IVY ACADEMY**. Includes section for prescription medications.
 - Parent/Guardian Student Medical Form 23/24 (<https://tinyurl.com/PhyM2324>) Required for **ALL STUDENTS AT IVY ACADEMY** regardless of participation in field studies.
 - Medications and forms are due **BEFORE** the day of departure. Medications and forms **WILL NOT** be accepted the day of the trip. Exact medication and form deadlines will be communicated prior to each trip. Car riders may drop medications and forms off immediately upon arrival at school in the morning. **Bus riders CANNOT transport medications on the bus.** *If your child is a bus rider, you must make arrangements for an adult to drop off the medication directly to the school nurse in the middle school building.*
- Medications must be in their original packaging/prescription bottle. **NO LOOSE PILLS WILL BE ACCEPTED**. This includes pills in weekly pill organizers. THIS IS A STATE OF TENNESSEE REQUIREMENT.
- **Please send ONLY enough medication for the trip.** All medications classified as controlled substances must be counted and verified by 2 staff members. Having a full pill bottle for a 3-4 day trip increases drop off times for adults and staff.

Name of Field Study: _____ Date(s): _____

List of medications to be administered on this field study:

- 1. Medication name: _____ Indication: _____
Dose: _____ Frequency: _____ Notes: _____
- 2. Medication name: _____ Indication: _____
Dose: _____ Frequency: _____ Notes: _____
- 3. Medication name: _____ Indication: _____
Dose: _____ Frequency: _____ Notes: _____
- 4. Medication name: _____ Indication: _____
Dose: _____ Frequency: _____ Notes: _____
- 5. Medication name: _____ Indication: _____
Dose: _____ Frequency: _____ Notes: _____
- 6. Medication name: _____ Indication: _____
Dose: _____ Frequency: _____ Notes: _____

Parent Name (Please Print)

Parent Signature

Date

Physician Name (Please Print)

Physician Signature*

Date

**Physician signature is required if we do not have a Physician Student Medical Form on file for your student's prescribed medications.*

For nurse use: Medication Counts (controlled substances)

Medication	Date Rec'd	Count	Staff Signature	Witness Signature
Medication	Pickup Date	Count	Staff Signature	Witness Signature