

Students

Student Travel

I. Purpose

This policy defines the process and parameters for school district student-related travel, to include, but not limited to, academic, athletic, music, arts, and activities travel. The district supports student travel beyond the classroom and areas of competition that are properly planned, well-organized, conducted in an orderly manner and safe environment, and are carefully supervised. The goals of the experience should align to the district's educational competencies and content standards and follow all applicable state and federal laws.

II. General Statement

The processes and procedures for the planning and approval of student travel-based learning experiences will be prepared by administration and be attached as appendices to this policy. Administration, including the relevant building principals, will be responsible for enforcing these processes and procedures.

III. Definitions

For purposes of this policy, the definitions included in this section apply.

A. "Staff Coordinator" is the school district employee responsible for the experience. The staff coordinator may be a head coach, teacher, administrator, or activities advisor.

B. Travel Category

1. "Extended travel" is travel that involves one or more overnight stops. Extended travel may be instructional or supplementary. An extended travel request form must be completed and approved.
2. "Instructional travel" is travel that takes place during the school day and is required as a part of a basic education program or course, which could include students completing assignments and/or a learning assessment.
3. "Supplementary travel" is optional travel in which students voluntarily participate, which enhances a basic education program or course. Travel may take place during or outside the regular school day.

Examples of student travel in this category include class activities and district-sponsored activities for clubs, teams, and other district recognized and approved special interest groups.

C. Travel Distance

1. "International travel" is defined as travel to Hawaii, Alaska, or otherwise outside of the 48 contiguous states.
2. "Local travel" is defined as travel that occurs within, or immediately adjacent to, the nine-county, Twin Cities metropolitan area.
3. "National travel" is defined as travel that occurs within the 48 contiguous states, but outside the definition of regional travel."
4. "Regional travel" is defined as travel that occurs within 700 miles of the Twin Cities metropolitan area, but outside the definition of "local travel."

IV. Guidelines

- A. Rules of conduct and discipline for students and employees will apply to all student trip activities.
- B. The school district will make efforts to ensure that all student travel is as inclusive as possible for participants with disabilities, in accordance with the Americans with Disabilities Act (ADA), and will attempt to make reasonable accommodations, as requested. For extended travel, including most international travel, the district will have limited control over the facilities and accommodations. The district will not be able to make accommodations that would fundamentally alter the nature of the travel experience or would result in what the ADA refers to as an undue burden. In such situations, the district will communicate these circumstances to parents/guardians and participating staff.
- C. In the interest of providing lower cost opportunities for students, a regional or national travel-study experience with similar educational objectives will be offered to students in the prior, same, or following school year as an international trip.
- D. Employees may not enter into contracts or agreements with commercial agencies without formal district approval. As such, all travel experiences must meet the expectations outlined in this policy.

Legal References:

Minn. Stat. § 123B.36 (Authorized Fees)

Minn. Stat. § 123B.37 (Prohibited Fees)

Minn. Stat. § 123B.49 (Extracurricular Activities; Insurance)

Sonkowsky v. Board of Educ. for Indep. Sch. Dist. No. 721, 327 F.3d 675 (8th Cir. 2003)

Lee v. Pine Bluff Sch. Dist., 472 F.3d 1026 (8th Cir. 2007)

Cross References:

- Policy 403 (Discipline of School District Employees)
- Policy 423 (Employee–Student Relationships)
- Policy 506 (Student Conduct and Discipline)
- Policy 516 (Student Medication)
- Policy 629 (Student Fundraising)
- Policy 707 (Purchasing)
- Policy 713 (Student Transportation)
- Policy 711 (Student Activities Accounting)
- Policy 913 (Partnerships – Parent Organizations and Booster Clubs)

Policy
adopted: 07/21/08
amended: 07/19/10
amended: 10/25/10
amended: 08/20/12
revised: 06/24/13
revised: 05/16/16
revised: 01/30/17
revised: 06/17/19
revised: 12/12/22
revised: 05/05/25

INDEPENDENT SCHOOL DISTRICT NO. 273
Edina, Minnesota

Appendix I to Policy 538

Extended Travel

- I. The process to obtain extended travel permission is:
 - A. An employee submits an [Extended Field Trip and Travel Application](#) (a copy of which is at the end of this appendix) to the building principal. The travel is approved or denied.
 - B. A tentative travel proposal is required for all extended travel. It is intended to provide the superintendent, building principal, extended travel coordinator, and/or other designee(s) with background information about the proposed travel. The tentative travel proposal should include the following information:
 1. Purpose of the experience as it applies to the guidelines;
 2. Goals of the experience and alignment to educational competencies and content standards;
 3. Pre-travel requirements and/or proficiencies;
 4. Name of the staff coordinator;
 5. Number of participants involved;
 6. Ratio of participants to chaperones;
 7. Destination;
 8. Schedule of experience, including dates and school days missed;
 9. Mode(s) of transportation;
 10. Travel company;
 11. General provisions for the safety of the students while on tour (e.g., the number of chaperones, their responsibilities);
 12. Lodging and meal arrangements, which includes accommodations made for students with dietary restrictions and food allergies to be outlined after roster is complete;
 13. Method of financing, including estimated cost to each student, and a fundraising framework plan;
 14. A summary of the number of similar trips the staff coordinator and organization has experienced, and the number of incident reports generated each year; and
 15. A detailed overview of the insurance offerings for families, in addition to an intentional communication plan to ensure families understand the insurance offerings.

TRAVEL PROPOSAL APPROVAL SCHEDULE

Local, Regional Travel – Building Administration	2 months in advance
Extended, Regional Travel* – Building Principal	4 months in advance
Extended, National Travel* – Building Principal (once approved forwarded to superintendent for approval)	4 months in advance
International Travel – School Board	12 months in advance

*Notification of approved extended travel is provided to the school board following the schedule above.

C. The approval criteria to approve or deny the travel proposal includes, but is not limited to:

1. The experience's purpose, goals, and any pre-requirements for participation;
2. The ability of all students to participate in the experience, including opportunities for fundraising, scholarships, and/or financial assistance;
3. Ability level of the group, as determined by the advisors or coaches;
4. The ability of the group to serve as a role model for the district;
5. The amount of parent/guardian or booster club support services; and
6. The impact on school attendance by participants, with a general guideline of two school days of approved absence and no conflicts with major exam schedules.

D. The final travel itinerary is required to be approved by the board for any extended travel that has significant changes to the originally approved itinerary. Significant change could include, but is not limited to, a change in destination, mode of transportation, and/or length of trip.

E. Coordinating the travel agency and the parents/guardians of participants to ensure cancellation refunds are consistent with these timelines (if applicable).

II. Travel Guidelines

A. Costs

1. Travel arrangers will seek to make students' travel costs affordable for all students, while placing value on students' (a) safety; (b) experience, including travel-based learning goals; and (c) accommodations. Travel insurance will be offered, clearly communicated, and strongly encouraged for families to purchase. Students' travel costs will be as inclusive as practical for the experience, with limited out-of-pocket expenses. An estimate of out-of-pocket expenses will be stated. Students will be responsible for all travel costs.
2. A competitive bid process, following the process outlined in ~~Policy 707~~ district policy, will be considered for travel and lodging expenses for international and national travel. Travel bid awards will be reviewed for safety, cost, experience, and accommodations. Careful consideration will be made by the staff coordinator, the extended travel coordinator, and building administration regarding these criteria before a bid will be awarded.
3. For national and international travel, parents and guardians should be provided with written details of the experience and travel advisory updates on a regular basis throughout the planning and preparation period and be given the opportunity to provide input prior to submission of the final travel itinerary.

- B. If an experience anticipates returning students later than 1:00 AM via bus, van, or other motor vehicle; the staff coordinator must secure additional overnight lodging and return the next day. Vehicular transportation cannot occur overnight. Extended travel which varies from the travel procedures requires extended travel coordinator, administrative, and school board approval prior to finalization of pre-travel plans with participants.
- C. The school district reserves the right to cancel or postpone international travel if travel alerts and/or warnings are issued by the U.S. Department of State's Bureau of Consular Affairs. The district will consult with the travel company involved prior to making such a decision. The district assumes no responsibility for refunds when making decisions on travel changes due to students' safety and security. The district has no obligations to check or monitor such alerts and/or warnings.

D. Fundraising and Financial Support

Groups that are planning to travel must develop a detailed fundraising plan, in accordance with district policy, that ensures adequate funds exist to allow all interested students to participate. Opportunities must be provided for the student to earn all or part of the necessary funds for a travel-based learning experience. This fundraising plan must be submitted to the building administration with the notice of intent to travel in section I.C. for their approval prior to dissemination of these plans to the students and parents/guardians. Financial assistance will be sought from the group's funding plan or other potential funding sources.

The district will seek partnership with financial host agencies to establish a student travel scholarship program for students with identified financial need. Funds for this support will come from private donations, fundraising events, and fees. The extended travel coordinator will oversee this program.

E. Participation

1. In order for the experience to be a worthwhile venture, it is important for a fine arts ensemble, athletic team, or group to have enough participants, with sufficient skills for the activity, to commit to the experience. The proper skills and balance is determined by the staff coordinator. Since regional, national, and international travel are not mandatory, no student will be penalized in their team placement if they do not wish to participate in a travel-based experience.
2. Students may participate in public performance opportunities within the local travel area given the opportunity is approved by the building administration, has the support of the staff member involved in the specific program, and has broad-based support among the student group. Financial viability should be the responsibility of the district, as the only anticipated cost for such performance opportunities is the transportation cost associated with the use of the district buses.

F. Home Stays for Extended Travel

Home stays for extended travel may be permitted if approved by the administration at the proposal phase of the experience, and if the following criteria also are met:

1. The home stay is approved by the international provider, who is approved by the district administration;
2. The district chaperones make daily contact with students during their stay;
3. The parent or guardian signs off in support of their child's home stay prior to the experience; and
4. Whenever possible, the home stay will have two or more district students in each home.

G. Health-Related Services

The administrator will act in the best interest of the students' health, safety, and welfare during student travel.

District staff may be required to dispense medication to students. The medication will be stored and administered in accordance with district policy. Medication will be dispensed only in accordance with district policies by an adult trained by a licensed school nurse from the district or a person of comparable training (i.e., doctor, physician's assistant).

H. Insurance

Parents and guardians are strongly encouraged to carefully review the insurance offerings provided by the travel company the district is partnering with to ensure understanding of all costs and benefits involved. Parents and guardians are also encouraged to explore the adequacy of health and/or accident insurance coverage to cover medical needs away from home, especially when students are abroad. The district is not responsible for financial losses to students and parents/guardians due to cancellation of trips.

I. Financial Report

A financial report for national and international travel will be made to the building administration by the staff coordinator no later than 60 days after the completion of the experience.

Extended Field Trip and Travel Application

Preliminary Approval

Request time before a trip: 4 months-Extended Regional / 6 months-Extended National / 18 months-International

Student Travel [Policy 538](#)

Staff Coordinator: _____

GROUP	School	Group/Class	Estimated # of Students			
	Estimated # of Students Grade					# of School Personnel
	Elem	MS	9	10	11	12

DESTINATION	Destination	Address	Miles Round Trip
	Mode of Transportation	Travel Company	

GOAL Educational Goal or Objective: alignment with competencies / standards

LODGING/ MEALS Lodging and Meal Arrangements

TIME	Dates of Trip ___/___/___ thru ___/___/___	Days Absent: when school is in session	Days Absent: Non-school days/ vacation time
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COST	Estimated Cost Per Student \$_____	Source of Funding:
		Student District Fundraise

Extended Field Trip and Travel Application

Preliminary Approval



CHECKLIST FOR PLANNING AN EXTENDED FIELD TRIP

Meet with your Principal and go through each task on the check list.
Principal should initial each task, indicating each item was discussed/approved.

- Consult [Policy 538](#) for detailed guidelines for field trips/travel. ____ *Initial*
- Ensure the **safety level** for all locations included in the travel are at a **1 or 2**. This includes travel through a location. There will be no travel approved that involves any location on the itinerary at a level 3 or above. ____ *Initial*
- Include detailed **plan for safety**. What are you considering? How will you be proactive? ____ *Initial*
- Review school policies pertaining to student conduct. ____ *Initial*
- Plan to give a list of names and phone numbers of traveling student and their families/volunteer adults to the principal as a component of the **safety plan**. ____ *Initial*
- Have chaperones confirmed and fully committed. ____ *Initial*
- International Travel: secure administrator participants as needed per [administrative support plan](#). ____ *Initial*
- Confirm with travel company if it is possible that other groups are scheduled or may join your group. Include this knowledge in **safety plan**. ____ *Initial*
- Ensure parent communication before/during/after trip. Include [pre communication email](#) aligned to [Policy 538](#). ____ *Initial*
- Ensure an insurance option will be available to families. ____ *Initial*
- Include provision for fundraising plan and attach. ____ *Initial*
- Ensure that reasonable accommodations are made for students with disabilities. ____ *Initial*
- Submit a request for transportation form, if needed, three weeks prior to the trip. ____ *Initial*
- Submit preliminary application at least **four** months before local/regional trip, **six** months before national trip, and **eighteen** months before international trip. ____ *Initial*

REQUIRED SIGNATURES	Staff Submitting Form _____ <i>I acknowledge the above has been reviewed by the Principal and I am responsible to implement</i>
	Principal _____ <i>I acknowledge the above has been reviewed with the staff coordinating the trip and I approve</i>
	Director of Teaching & Learning _____ <i>Required to move forward for School Board approval</i>
	Superintendent _____ <i>Required Superintendent signature: International only</i>

Copies sent to: **Jody De St. Hubert**, Director of T & L, at the District Office.
Jenn Carter, HS Asst. Principal, Extended Travel Facilitator
Principal in your building

Student Travel Policy [538](#)
Form: 538-12
Established: 7/19/2010
Revised: 1/10/2025

Appendix
revised: 05/05/25

STUDENT TRAVEL CHAPERONE AGREEMENT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ CELL PHONE () _____ EMAIL _____

The following guidelines are designed to help volunteers understand their responsibilities while performing within the course and scope of a volunteer chaperone position. Volunteer chaperones are expected to abide by all Edina Public Schools' policies. This agreement is effective for the _____ school year and may be used for multiple events.

The goal of Edina Public Schools' activities is to provide a safe, fun, and positive experience for both youth and adults. As an adult chaperone, you play a valuable role in attaining this goal. Please read through this code of conduct and sign below.

As an adult chaperone, you agree to:

1. Complete the background check required by the school district at your own expense.
2. Have a valid driver's license and carry proof of automobile liability insurance, if you use a motor vehicle to transport yourself or others. Also, ensure that all passengers use seatbelts.
3. Not possess or use alcohol, illegal drugs, or tobacco products while involved in any Edina Public Schools' meeting or activity.
4. Not leave the premises of the event without the approval of the staff coordinator when chaperoning students.
5. Not use obscene or discriminatory language at any Edina Public Schools' activity.
6. Represent Edina Public Schools to youth and adults by conducting yourself courteously in manner and language, exhibiting good sportsmanship, serving as a positive role model, and using reasonable conflict resolution skills.
7. Abide by all applicable Edina Public Schools' rules, policies, and guidelines.
8. Accept supervision and support from the staff coordinator or designated activity volunteer leader.
9. Accept the responsibility to promote and support the vision, mission, and values of Edina Public Schools' activities.
10. Ensure that students follow the guidelines and participate appropriately in all activities and travel.
11. Immediately inform the staff coordinator of any violations of district policies so that the staff coordinator can respond appropriately.
12. Participate in activities to the best of your ability.
13. Attend at least one chaperone training session that will cover travel logistics and district policies and rules including data privacy training.

I have read this document. I understand its contents and agree to its terms. I also understand that if I do not follow this code of conduct, my participation in Edina Public Schools-sponsored activities for this and the future school year will be terminated.

Chaperone's Signature: _____ Date: _____

Appendix III to Policy 538

**Edina Public Schools
Extended Travel Release of Liability**

This completed form is required for all EPS extended travel. Failure to complete and/or lack of agreement will prohibit participation in the planned travel experience.

Student Name:

Course/Travel Experience:

AGREEMENT AND RELEASE OF LIABILITY

1. I am _____, ("Student") and/or the parent/guardian of Student, a student at Edina High School ("School"). I have chosen to and intend to allow Student to participate in a travel-based learning experience (Program) sponsored by the School.
2. I have voluntarily arranged for Student to participate in a Program which will include travel to _____ for the dates of _____.
3. I understand and am aware that during the Program in which Student will participate and in traveling to and from the Program certain risks and dangers may arise, including but not limited to the hazards of traveling in unsafe areas or under unsafe conditions, the forces of nature, the negligent or reckless acts or omissions or strict liability of persons or entities providing goods or services to Student, their agents, employees, officers, directors, associates, affiliated companies or subcontractor, travel by boat, automobile, train, ship, aircraft, bus, or other means of conveyance, an accident or illness in places without access to medical facilities, transportation, or means of rapid evaluation and assistance. I understand the school district is not responsible for financial losses to students and parents/guardians due to cancellation of trips.
4. I am aware that Student's participation in the Program and/or the use of transportation, housing, and dining services, and other goods and services in connection with participation in the Program carries a risk of serious personal injury, serious illness, death, and property damage or loss. I expressly and voluntarily assume on behalf of Student and for myself all risk of injury, illness, death, and property damage or loss that may result from Student's participation in the Program and travel to and from the Program.
5. As consideration for being permitted to participate in the Program, I hereby release and discharge the School and its officers, directors, faculty, agents, employees, and legal representatives ("the Released Parties") from liability for injury, illness, death, damage, or loss arising out of Student's participation in the Program or use of transportation, housing, dining, or other goods and services, or arising out of any other activity incident to Student's participation in the Program, including any losses caused by the negligence or strict liability of the Released Parties. I do not release the Released Parties from liability for willful or intentional acts or punitive damages.
6. I also agree not to sue or make a claim against the Released Parties for injury, illness, death, damage, or loss sustained as a result of Student's participation in the Program. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

Student Signature:	Date:
Parent/Guardian Signature:	Date:

EXTENDED TRAVEL STUDENT CONDUCT AGREEMENT

Student Name:

Course/Travel Experience:

Students on an extended travel experience approved by the Edina Public Schools (EPS) are to realize that:

1. Approved student travel is an extension of the normal school day; and
2. Students are representatives of EPS throughout the travel experience.

Therefore, all EPS policies are in effect as outlined in the current *Student Rights and Responsibilities Handbook*.

All students engaged in extended travel represent the EPS from the point of departure to the point of return and are expected to act at all times in a way that exemplifies the high standards of behaviors set by our learning community.

EPS assigned travel coordinator(s) have the normal authority given to classroom teachers and the accompanying administrative designee has the authority of a building or district-level administrator. School administration and the EPS superintendent will be notified of all policy violations that occur during the travel experience.

To ensure that the student and the parent/guardian understand travel-related behavior expectations, all travel coordinators will review certain policies and the consequences of any policy violations. Student participants and their parent/guardian are to initial below that each policy was clarified and that their policy questions were answered prior to the travel experience.

Policy	Student	Parent / Guardian
Student Travel (Policy 538)		
Search of Student Lockers, Desks, Personal Possessions, and Student's Person (Policy 502)		
Student Dress and Appearance (Policy 504)		
Student Attendance (Policy 503)		
Electronic Technologies Acceptable Use (Policy 524)		
Student Medication (Policy 516)		
Student Conduct & Discipline (Policy 506)		

Additionally, while participating in extended travel, EPS students may not:

1. Engage in any “body modification” (i.e., tattoos, body piercing, or similar behavior)
2. Operate a motor vehicle
3. Participate in extreme sports, except sports that are a part of the program
4. Engage in any activity deemed dangerous to the health, safety, or welfare of the student or any member of the group

Violation of these expectations while on an extended travel experience will result in the immediate return home of the student. The parent/guardian will bear full financial responsibility for all related costs of this action, including costs for an accompanying chaperone. The signatures below indicate that both student and parent/guardian understand and agree to the district policies, the consequences of policy violations, and the additional prohibited behaviors listed above.

STUDENT	PARENT/GUARDIAN
Student Name:	Name:
Signature:	Signature:
Date:	Date:

(05/25)



[ENTIRE APPENDIX FORM REPLACED]

Appendix I to Policy 516 and Appendix V to Policy 538

— Edina Public Schools — Medication Administration Authorization

Do not use this form for students who require medication for asthma, severe allergies, seizures, or diabetes. Please have your medical provider complete action plans for these health conditions.

Student: _____ Date of Birth: _____ Grade: _____

PHYSICIAN AND PARENT/GUARDIAN SIGNATURE REQUIRED BELOW:

Parents/guardians asking district employees to give medication to their child must provide written permission each school year that has been signed by the child's licensed health care provider and the parent/guardian. The medication must be provided in the original, labeled container.

PHYSICIAN/LICENSED PRESCRIBER'S ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL – To be completed by physician/licensed prescriber.				
Medication	Dose in mg	Frequency	Route	Medical Condition
Physician/licensed prescriber signature (required):				Date:
Print Name of Prescriber			Clinic Name	
Phone:			Fax:	

All authorizations expire at the end of the school year or following the summer school session.

Parent/ Guardian Authorization	
I request that the above medication/s be given during school hours as ordered by my child's physician/licensed prescriber.	
I request that the medications be given on field trips as prescribed.	Yes
No	
I will notify the school if medication is stopped.	
I give permission for the medication/s to be given by school personnel as delegated, trained, and supervised by the school nurse.	
Legally, I may refuse to sign the authorization to administer medication form. If I refuse to sign, the district will not be able to administer the medication.	
This consent may be revoked at any time by sending a written notice to the licensed school nurse.	
If this medication(s) is a controlled substance, I am obligated to retrieve the controlled substance when requested by the district.	
If this medication(s) is not a controlled substance, I hereby designate the district as an authorized entity to transport the medication for the purposes of destruction if any unused medication(s) remains.	
_____	_____
Parent/Guardian Signature	Date

Permission for Release of Information	
I give permission for the school nurse to contact my child's physician/licensed prescriber with questions about the above listed medication/(s) or medical condition/(s) being treated by medication/(s).	
I give permission for the physician/licensed prescriber to release information related to the above medication/(s) and medical condition/(s) to the licensed school nurse.	
_____	_____
Parent/Guardian Signature	Date
(05/25)	

Appendix I to Policy 516 and Appendix V to Policy 538



Student Name _____ DOB _____

Date _____ School _____

Edina Public Schools Medication Administration Authorization

For students that require medications for asthma, severe allergies, seizures, or diabetes, have the licensed provider complete a signed action plan.

To be completed by a physician/licensed prescriber					
Medication	Dose in mg	Frequency/Time	Route	Medical Condition and ICD10	Check if controlled substance
Physician/licensed prescriber signature:				Date:	
Print Name of Prescriber:			Clinic Name:		
Phone:			Fax:		

Parent/ Guardian Authorization

- I request that the above medication(s) be given during school hours as ordered by my child's physician/licensed prescriber.
- I request that the medications be given on field trips as prescribed. Yes No
- I request that the medication be given during EPS non-school hours/days programming (ie. Kids Club/Enrichment Programs) and I am responsible for training the staff. I understand the school nurse may not be available during this time. Yes No
- I request that medication be available to EPS staff during non-school hours/days for EPS programming. Yes No
- I will notify the school/program if medication is stopped or changed.
- I give permission for the medication/s to be given by school personnel as delegated, trained, and supervised by the school nurse.
- Legally I may refuse to sign the authorization to administer medication form. If I refuse to sign, EPS will not be able to administer the medication.
- This consent may be revoked at any time by sending a written notice to the licensed school nurse or program lead.
- This permission expires at the end of the school year/prior to the first date of the next school year. A new authorization will be required to administer the medication after the first day of the new school year.
- All medication, both prescribed and over the counter, must be sent to school in the original container or pharmacy-labeled container.
- I understand that I am required to retrieve the drugs, medications, or controlled substances when asked by the school. If I do not timely up the drugs or medications, I designate the school district as an authorized entity to transport the drugs or medications for the purpose of destruction.

Parent/Guardian Signature _____ Date _____

Permission for Release of Information

- I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and the action of the medication/s in order to provide for my child's health and safety needs at school.
- I give permission for a school nurse to contact my child's physician/licensed prescriber with questions about the above listed medication/s or medical condition/s being treated by medication/s.
- I give permission for the physician/licensed prescriber to release information related to the above medication(s) and medical condition(s) to the licensed school nurse.

Parent/Guardian Signature _____ Date _____

Edina Public Schools Medication Authorization Procedures

Whenever possible, the parent or guardian should make arrangements so that it is not necessary for school personnel to administer medication to a student while at school. When a medication is necessary during school hours, our intention is to insure the health and safety of your student. Thank you for your cooperation.

Each year, the following must be followed when sending any prescription or nonprescription medication to school:

1. **A completed parent/guardian signature and consent** authorizing school personnel to administer medication. Medications will NOT be administered or accepted until signed medical orders AND signed parental consent are provided to the health office.
2. **A written order from the physician** with instructions for all medications, prescription and over-the-counter. The order may be faxed to the school.
3. **The original pharmacy labeled container.** For prescription medications, the pharmacist can supply a labeled container, one for home and one for school. The pharmacy label must have the following:
 - Student full name,
 - Physician name,
 - Medication name and dosage,
 - Time and directions for administration,
 - Current date.
4. **New medication consent form is required when:**
 - The dosage or time of administration is changed
 - At the beginning of each school year
 - If discontinued medication is restarted. The parent/guardian must notify the school in writing when the medication is discontinued.
5. **Storage:** Medication to be administered at school will be stored in the Health Office. Exceptions are students who may carry an asthma inhaler or epinephrine, if they have a written doctor's order and written parental permission to do so and have demonstrated to the school nurse competency in administration.
6. **End of Year Medication Pickup and Disposal:** At the end of the school year, all medications must be picked up in the health office by the parent/guardian or responsible adult. Parents/guardians are encouraged to dispose of unwanted medications properly. More information can be found at [MN Pollution Control Website](#). EPS will dispose of unclaimed medications following proper guidelines.
7. **Half Tablets:** Health Services Staff is not responsible for breaking tablets in half. When there is a physician order to give one-half of a tablet, talk with your pharmacist.
8. **Field Trips / Extended Learning:** Complete the field trip section on the Authorization for Medication Administration form. Additional consent will be necessary for overnight and extended trips. Health Services staff do not routinely accompany students on field trips and a teacher may be responsible for administration of medication.
9. **Standard Medications:** Health Services Staff will only administer medication that is listed and described in the Standard Physician's Desk Reference (PDR).

[Edina Medication at School Policy](#)