



Dear Parents/Guardians:

Please place all medications (prescription or over-the-counter) in their original bottles or packaging in a clear Ziploc bag with this medication form. Please place the student's name on the outside of the bag.

Please give this form and medication to a chaperone when the student arrives at school the morning of departure. A designated adult will dispense medication on the retreat. No medications are to be given or used by any student other than the student for which it is intended as indicated on this form. Students may not carry ANY medication themselves other than inhalers, EpiPens, and insulin.

Please complete the information below for all medications to be used by your student:

Student Name:	
Name of Medication:	Dosage:
Time(s) to be administered:	
Reason:	
Name of Medication:	Dosage:
Time(s) to be administered:	
Reason:	
Name of Medication:	Dosage:
Time(s) to be administered:	
Reason:	

**Write notes on medications on the reverse side if necessary.*

Please list any medical conditions, allergies, or dietary requirements (vegetarian, peanut allergies, gluten intolerance, etc.). It is important that we know about these thing ahead of time. We will have your student's most recent *Health Information & Emergency Authorization* as well as any asthma and/or allergy action plans. Please make sure these have been updated prior to the retreat.

Parent/Guardian: I understand that a designated adult during the retreat will hold all student medications. It is my son's/daughter's responsibility to find this adult and obtain medications when needed. The adult supervisor will not remind students of medication times.

Parent Signature: _____ Date _____

Parent Name (printed): _____

Student: I understand my medications, when and how to administer them, and that it is my responsibility to find the designated adult to obtain my medications at the proper time.

Student Signature: _____ Date _____

Student Name (printed): _____