

Calvary Lutheran Church – Medication Form for Overnight Trips for:

Name _____

Prescription Medications

Will the student be bringing any medications on this trip? No Yes

If yes, please fill out portion below:

This person takes medications as follows: (include prescription and over-the-counter meds)

Med #1 _____

Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____

Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____

Dosage _____ Specific times taken each day _____

Reason for taking _____

Please list any additional ones taken on the back of this form.

Prescription and over-the-counter medications to be administered while away must be in the original pharmacy-labeled or manufacturer's containers with the patient's name, dosage, times of administration, and any special instructions clearly stated. Please, only one medication per container.

Non-Prescription Medication Permission for Overnight Trips:

I hereby grant Calvary Lutheran Church's adult chaperones permission to dispense the following over-the-counter medications. (Please check all medications chaperones have permission to dispense to the individual and list any special instructions.)

Medication	Special Instructions
<input type="checkbox"/> Tylenol	_____
<input type="checkbox"/> Ibuprofen	_____
<input type="checkbox"/> Decongestants	_____
<input type="checkbox"/> Antihistamines	_____
<input type="checkbox"/> Tums/Roloids	_____
<input type="checkbox"/> Pepto Bismol	_____
<input type="checkbox"/> Hydrocortisone Cream	_____
<input type="checkbox"/> Other	_____

Parent/Guardian Signature _____

Date _____