

Medication Description Form

Student Name:



Allergies:

Step 1: List all routine medications that need to be administered while on the trip.

Step 2: Sign and place this form inside of a sealable bag

Step 3: Place enough of listed medications (enclosed in pharmacy labeled Container) in this bag and send with your student.

ALL MEDICATIONS MUST BE IN A PHARMACY LABELED CONTAINER WITH YOUR CHILD'S NAME OR THEIR ORIGINAL OVER THE COUNTER PACKAGING.

		Please fill out only ONE of the two columns below for each prescription listed.		
Drug Name	Dose	Must be given at:	As Needed	Special Instructions
		<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/>	
		<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/>	
		<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/>	
		<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/>	
		<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/>	
		<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/>	
Notes:				

The information on this form is correct and complete. I hereby give me permission for the Memorial UMC staff and volunteers to administer the medication as directed above.

Parent Signature(required)

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Parent Contact Number