



MEDICATION AUTHORIZATION FORM

Used for Mission Trips, Class Trips, ESM Trips

Student Name _____

Name of Trip _____

Dates of Trip _____

Routine Medication to be Given to the Student

If there is more than one medication please attach a sheet with additional medication information.

Medication _____

Dosage of medication _____

Time to be administered _____

Amount of medication sent _____

Specific instructions for administration _____

Has student ever had any adverse reactions to this medication? _____

Does student have ANY medical condition that we should know about? If yes what

We will also have Medications in the Emergency Medical Kits

These is available on an as needed basis.

These are given to your child if deemed necessary by the Class Instructor

AND if you have given us written permission below.

PLEASE INDICATE YES OR NO TO THE FOLLOWING MEDICATIONS TO BE ADMINISTERED TO YOUR CHILD.

Tylenol (Acetaminophen)	No _____	Yes _____	Dosage _____
Ibuprofen (Advil, Motrin)	No _____	Yes _____	Dosage _____
Benadryl (Pills)	No _____	Yes _____	Dosage _____
Pepto Bismal Tablets	No _____	Yes _____	Dosage _____
Anti-Itch Lotion	No _____	Yes _____	
Triple Antibiotic Ointment	No _____	Yes _____	

This authorization will expire at the end of the above stated trip.

Parent Signature _____ Date _____