

Medication Form

If your child will need to take any form of medication while they are on this trip, you will need to fill out this form. Medication is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. All medication should be in the original pharmacy containers with labels which show the child's name and how the medication should be given. Please provide enough of each medication to last the entire time your child is on the trip.

Student Name: _____ Student Date of Birth: _____

Dates of Trip: _____

Name of Medication	Date Started	Reason for Taking	When is it Given (circle one)	Amount or Dose Given	How is it Given?
			Breakfast Lunch Dinner Other:		
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As the parent/guardian of the above student, I request that the medication described above be administered to my child and release Hope Community Church and the Youth Pastor/Leader from liability for any damages my child may suffer as a result of this request.

Signature of Custodial Parent/Guardian: _____ Date: _____