

Please list all medications that your child will be taking while traveling with us.

Student's Name _____

1. Name of medication: _____
a. Dose: _____
b. Time to be given: _____
c. Reason for requiring medication: _____

2. Name of medication: _____
a. dose: _____
b. time to be given: _____
c. reason for requiring medication: _____

3. Name of medication: _____
a. dose: _____
b. time to be given: _____
c. reason for requiring medication: _____

4. Name of medication: _____
a. dose: _____
b. time to be given: _____
c. reason for requiring medication: _____

****PARENT'S SIGNATURE IS REQUIRED**

Parent/Guardian Signature _____ Date _____

For School Nurse:

Designated Person: _____

I have instructed the above designee in proper administration of medication as stated above.

Signature: _____ **Date:** _____