

Last Name _____

REQUIRED STUDENT MEDICATION CONSENT FORM

First Name _____

- This form is required in addition to the EMERGENCY MEDICAL AUTHORIZATION form.
- Any medication or medical supplies that your student MUST have available, whether prescription or over the counter, must be provided with this form. The medications should be provided in a CLEAR ZIPLOC bag.
- The chaperones may carry a reasonable supply of acetaminophen (Tylenol), ibuprofen (Motrin/Advil), and antihistamine (Benadryl).
- Prescription medications should be supplied in the original container with the students name clearly printed.
- Over the counter (OTC) medication must be supplied in its original packaging with the manufacturers recommended instructions and warnings.
- For medications that are to be distributed “as needed” at the request of the student, circle “PRN”
- To require a call to the parent for distribution of a medication, circle “CALL”.
- In the case that “CALL” is circled or there is NO circle, the chaperone will NOT distribute medication until the parent has been reached and has given verbal permission.

Event: Hawaii Tour

Date(s): July 2 - 8, 2019

Medication	Dosage	Distribution times (circle all that apply)						chaperone notes
		Breakfast	Lunch	Dinner	Bedtime	PRN	CALL	
		Breakfast	Lunch	Dinner	Bedtime	PRN	CALL	
		Breakfast	Lunch	Dinner	Bedtime	PRN	CALL	
		Breakfast	Lunch	Dinner	Bedtime	PRN	CALL	
		Breakfast	Lunch	Dinner	Bedtime	PRN	CALL	
		Breakfast	Lunch	Dinner	Bedtime	PRN	CALL	
		Breakfast	Lunch	Dinner	Bedtime	PRN	CALL	
		Breakfast	Lunch	Dinner	Bedtime	PRN	CALL	
Acetaminophen (Tylenol)	See manufacturer’s directions					PRN	CALL	
Ibuprofen (Motrin/Advil)	See manufacturer’s directions					PRN	CALL	
Antihistamine (Benadryl)	See manufacturer’s directions					PRN	CALL	

I give my permission for a volunteer to dispense the medications as directed above. At the time of drop-off, I accept responsibility for completing a label for the medication bag and verifying that the correct medication is enclosed. I understand that it is the student’s responsibility to report on time for all medications and cooperate in taking the medications. I hereby release CCC and it’s volunteers from all responsibility of the results of dispensing (or withholding) medications as directed.

(Date)

(Print name of Parent/Guardian)

(Signature of Parent/Guardian)

For use by nurse/chaperone:

Date/Time	Symptoms	Action