

# Medication Administration Record for Winter Retreat 2018

I hereby grant permission to the administrative staff to administer this medication to my child as described.

Parents Printed Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Student Allergies & Reaction: \_\_\_\_\_

1. Please place medications in a Ziploc bag clearly labeled with the students full name written on the outside in permanent marker.
2. Medications must be in the original container (no pills in bags or daily dispensers).
3. Please send an inhaler if you child has asthma. Please send an Epi-pen if you child has a history of severe allergic reactions.
4. Please do not send Ibuprofen, Tylenol, Pepto Bismol, etc. These will be provided if needed.
5. Please provide us with only 1 weeks supply of medication

MEDICATION	TIME TO BE TAKEN (CIRCLE)	SPECIAL INSTRUCTION	FRIDAY	SATURDAY	SUNDAY
Medication Name: _____	AM Noon PM Bedtime As Needed				
Medication Name: _____	AM Noon PM Bedtime As Needed				
Medication Name: _____	AM Noon PM Bedtime As Needed				
Medication Name: _____	AM Noon PM Bedtime As Needed				

STAFF USE ONLY

STUDENTS *LAST* Name \_\_\_\_\_ STUDENTS *FIRST* Name \_\_\_\_\_ Date: \_\_\_\_\_