

Christ's Church Academy Athletics

Medication Administration on an Overnight Trip

Student Name _____ Grade _____

I give my permission for the staff of Christ's Church Academy to administer the following **over the counter** medications according to package directions*, while on this field trip. (The following medications will be provided by the **school**.)

PLEASE INITIAL THE MEDICATION THAT CAN BE GIVEN TO YOUR CHILD

___ Tylenol (tablets)

___ Tums

___ Ibuprofen (tablets)

___ Pepto Bismal (tablets)

___ Benadryl (tablets) for allergic reaction only

*Age _____ Wt. _____

I give my permission for the staff of Christ's Church Academy to administer the following **prescription** medications as directed below. (The following medications will be provided by the **parent**.)

Medication _____ Amount _____ Time _____

Medication _____ Amount _____ Time _____

Medication _____ Amount _____ Time _____

Medication _____ Amount _____ Time _____

Please list any allergies: _____

(Signature of Parent/Legal Guardian)

(Date)