

Medication Information Permission Form

Team Member Name _____

Does the student have ASTHMA? ____ YES ____ NO

Will the student be carrying an INHALER during the trip? ____ YES ____ NO (if yes, please include details below)

MEDICATIONS

Please read the instructions below

1. MEDICATION name: _____ Dosage: _____
Purpose of Medication _____ Medication is _____ prescribed or _____ OTC
Instructions: _____

2. MEDICATION name: _____ Dosage: _____
Purpose of Medication _____ Medication is _____ prescribed or _____ OTC
Instructions: _____

3. MEDICATION name: _____ Dosage: _____
Purpose of Medication _____ Medication is _____ prescribed or _____ OTC
Instructions: _____

4. MEDICATION name: _____ Dosage: _____
Purpose of Medication _____ Medication is _____ prescribed or _____ OTC
Instructions: _____

5. MEDICATION name: _____ Dosage: _____
Purpose of Medication _____ Medication is _____ prescribed or _____ OTC
Instructions: _____

Instructions: Complete then turn this form in with all other permission forms. Please note: We may ask that students not hold their medications in their possession during the trip unless otherwise determined necessary or agreed upon before departure. Therefore, please be prepared to turn in all medications, whether prescribed or over the counter, in their original container when you check-in on departure day. **Remember**, if your medication info changes between now and the trip departure date **it is up to you** to provide us with the most up to date information **before we depart**. All changes will require a parent's written instructions and permission.

I give permission to a designated Abundant Life Student Ministries adult sponsor to dispense the above named medication(s) to my child. **If additional instructions are needed I will attach them to this form.**

Signed: _____ Date: _____

Print name: _____ Phone: _____

