

Personal Medicine Form

(Turn this form in at the airport along with any meds you're bringing on the trip.)

Child's Name: _____

We will have a supply of the following over the counter medications on hand. I authorize an adult leader to give the following OTC medicine(s) to my child. (Check all that apply)

Ibuprofen _____ Pepto-Bismol _____ Imodium _____ Benadryl _____

In addition to the OTC medications listed above, my child may also take the following medicines, according to the following guidelines. **Please have prescription meds in their original bottles, and place all meds in a ziploc bag with your child's name on it.**

Medicine	Dosage	Frequency
1. _____		
2. _____		
3. _____		

(If more space is needed make a note and use the back of this form.)

Please use this section for medicines that your child needs to keep ON THEIR PERSON out of medically necessity. (ex. inhalers, Epi-pen, etc)

Medicine	Dosage	Frequency
1. _____		
2. _____		

(If more space is needed make a note and use the back of this form.)

I agree that my child can take the following medicines while on this trip, and, I understand that all medicines must remain in the possession of an adult leader (except in cases of where it is medically necessary for the child to have possession of them).

Parent Printed Name: _____

Parent Signed Name: _____ Date: _____