FORM FOR MEDICATIONS

NAME _____

NAME OF RETREAT OR TRIP _____

ANY ALLERGIES TO MEDICINE? _____
_____

On the following lines please list all medications being sent on the trip, Over the Counter and Prescription (these must be in their original prescription bottles) and instructions on how and when they should be taken.

_____
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_____

Any recent illnesses or injuries we need to be aware of? _____
_____
_____
_____

Other health concerns we should be aware of _____
_____
_____
_____

Parent/Guardian Signature _____ Date ____/_____/_____