

Disney Marching Band/Chorus Trip

April 14-18, 2020

MEDICATION ADMINISTRATION RECORD

A separate form is required for each medication, including asthma inhalers and epinephrine auto-injectors which are carried by the student.

Student \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

Licensed Prescriber Name: \_\_\_\_\_

Licensed Prescriber Address:  
\_\_\_\_\_

Licensed Prescriber Phone#: \_\_\_\_\_

Licensed Prescribers Signature: \_\_\_\_\_

Medication/Dose/Route/Time(s) to Administer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This child is permitted to take over the counter medications (Acetaminophen, Ibuprofen, or Tums) as needed and provided by the trip nurse.

Licensed Prescriber Signature: \_\_\_\_\_

I give permission for the Parent Chaperone Nurse to give the above medication to my student. This will include prescribed and over the counter medications.

\_\_\_\_\_  
Signature Parent/Guardian Date

For Nurses Use Only: Notes: Date/Time Administered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_