

Indoor Percussion Trip - Dayton, Ohio

March 15-17, 2024

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#:

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

Yes or No: This child is permitted to take over the counter medications (Acetaminophen, Ibuprofen, or Tums) as needed.

By signing below, I authorize my student traveler to be administered medication by a chaperone who is a licensed medical professional. This will include all prescribed and over the counter medications. In the event of a medical emergency, emergency medical services will be called.

Signature Parent/Guardian Date

For Chaperone administering medications: Notes: Date/Time Administered: