

MEDICATIONS (2017—2018)

For the safety of your child and others with whom they are traveling/rooming on overnight trips, ALL prescription and non-prescription drugs and supplements MUST be in the original, labeled container. Please list all medications your child needs for this trip. Please put the medications and this completed form, folded with your child's name showing, in a plastic, ziploc bag and give it to the designated adult for safekeeping and distribution.

YOUTH NAME : _____

Parent's Name (please print): _____

Parent's Signature: _____ Date: _____

Medication Name	Strength	When to be given	Treatment for

Please list any other recent/short-term medical information that you wish leaders to know:
