### SECONDARY MEDICATIONS FORM

#### **WINTER RETREAT 2019**

#### MEDICATION INSTRUCTIONS

If you are sending any medications for your student, here's how to package the medications:

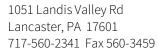
- 1. Fill out and sign the **Secondary Medications form**, listing your student's medications and possible side effects.
- 2. **If your student needs to take <u>prescription</u> medication:** Medicines must be in original container labeled with the prescription by your pharmacist or physician.
- 3. **If you are providing over the counter medicines,** they need to be in the <u>original</u> bottles. Write your student's name on the bottles.
- 4. Do not put any medicines in other containers or group them with other medicines in unlabeled containers.
- 5. **Put medications and the <u>Secondary Medications form</u> in a see-through zip-lock bag** and mark outside of bag with the name of student.
- 6. If there is more than one student going from a family, <u>please make a separate bag for each student</u>. **Do not put more than one student's medications in a bag.**
- 7. Students needing inhalers are permitted to keep them and use as directed. (Please indicate on the form that your teen will have their inhaler with them.)
- 8. The time to hand in any medications (with the Secondary Medication form) that you are sending along for your student, is at Check-In on Friday night prior to departure.

#### FIRST AID INFORMATION

A First Aid Team/Nurse will be accompanying the Calvary Student Ministries Winter Retreat.

- The First Aid Team/Nurse will be available for treating minor emergencies.
- The First Aid Team/Nurse can only provide & dispense the parent's recommended dose of over-the-counter medications to your student if needed, based on your student's Medical Release form (separate document).
- It is the family's responsibility to provide any prescription medicines or over-the-counter medications (other than those listed and initialed on the Calvary Medical Release form) for their student if needed during the weekend.
- The First Aid Team/Nurse will be responsible for the safe keeping of the medicines that you will send along for your student.
- Students will be responsible to seek out the First Aid Team/Nurse at appropriate times to take medications and First Aid Team/Nurse will oversee teen taking the medication. Calvary Student Ministries and the First Aid Team are not responsible for students not taking their medications during the weekend.



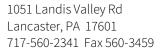




(i.e., one time per day, 2 times, a.m. or p.m., etc)

# **SECONDARY MEDICATIONS FORM**

Student's Name:	Birthdate
If my son/daughter needs to take medications while at t I designate the person chosen by Calvary Church to supe	the Student Ministries <u>Winter Retreat, January 18-20, 2019,</u> ervise the activity.
Please initial on the line and sign and date.  I am sending along the medications that I approve of for my student to take and have listed below the treatment for an dosage/frequency for each of these medications.	
Name of Parent/Guardian	Phone Number
student's name written on them. DO NOT put more than one person	hrough zip-lock bag. Make sure all bottles and the outside of the bag have your
NAME OF MEDICINE	<del>.</del>
TREATMENT FOR:	
DOSAGE AND FREQUENCY: (i.e., one time per day, 2 times, a.m. or p.m., etc)	
NAME OF MEDICINE	
TREATMENT FOR:	
DOSAGE AND FREQUENCY: (i.e., one time per day, 2 times, a.m. or p.m., etc)	
NAME OF MEDICINE	
TREATMENT FOR:	
DOSAGE AND FREQUENCY:	





# **SECONDARY MEDICATIONS FORM**

# CONTINUED

Student's Name:	Birthdate
MEDICATION INFORMATION List <u>all</u> medications that you are sending for your student. Sign form and put it in with your student's medicine in a clear, see-through student's name written on them. DO NOT put more than one person's medicine in a clear, see-through student's name written on them.	
NAME OF MEDICINE	
TREATMENT FOR:	
DOSAGE AND FREQUENCY: (i.e., one time per day, 2 times, a.m. or p.m., etc)	
NAME OF MEDICINE	
TREATMENT FOR:	
DOSAGE AND FREQUENCY: (i.e., one time per day, 2 times, a.m. or p.m., etc)	
NAME OF MEDICINE	
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