

MEDICATIONS FORM

WINTER RETREAT 2023

MEDICATION INSTRUCTIONS

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

1. Fill out and sign the **Medications Form**, listing your student's medications and possible side effects.
2. **If your student needs to take prescription 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 original 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 Medications Form 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, please make a separate bag for each student.
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. **Students should keep any medications (with the Medication Form) with them.**

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 student will be responsible for the safe keeping of the medicines that you will send along for them.
- **Students will be responsible to seek out the First Aid Team/Nurse at appropriate times to take medications if needed.** Calvary Student Ministries and the First Aid Team are not responsible for students not taking their medications during the weekend.

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MEDICATIONS FORM

Student's Name: _____ Birthdate: _____

If my son/daughter needs to take medications while at the Student Ministries Winter Retreat, January 13-15, 2022, I designate the person chosen by Calvary Church to supervise 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 and dosage/frequency for each of these medications.

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Phone Number

MEDICATION INFORMATION

List all medications that you are sending for your student.

Sign form and put it in with your student's medicine in a clear, see-through zip-lock bag. Make sure all bottles and the outside of the bag have your student's name written on them. DO NOT put more than one person's medicines in a bag - Make a SEPARATE bag for each student.

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 _____

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) (PLEASE USE THE BACK TO LIST ANY ADDITIONAL MEDICATIONS)



MEDICATIONS FORM CONTINUED

Student's Name: _____ Birthdate: _____

MEDICATION INFORMATION

List all medications that you are sending for your student.

Sign form and put it in with your student's medicine in a clear, see-through zip-lock bag. Make sure all bottles and the outside of the bag have your student's name written on them. DO NOT put more than one person's medicines in a bag - Make a SEPARATE bag for each student.

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 _____

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: _____

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