### SECONDARY MEDICATIONS FORM

WINTER RETREAT 2021

#### MEDICATION INSTRUCTIONS

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

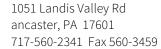
- 1. Fill out and sign the **Secondary Medications form**, listing your student's medications and possible side effects.
- 2. **If your student needs to take <u>prescription</u> medication:** Medicines must be in original container labeled with the prescription by your pharmacist or physician.
- 3. **If 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. Students should keep any medications (with the Secondary 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.







### SECONDARY MEDICATIONS FORM

Student's Name:	Birthdate
If my son/daughter needs to take medications when the second seco	hile at the Student Ministries <u>Winter Retreat, January 15-</u> to supervise the activity.
Please initial on the line and sign and date.	
I am sending along the medications that I approve of dosage/frequency for each of these medications.	f for my student to take and have listed below the treatment for and
Signature of Parent/Guardian	Date
Name of Parent/Guardian	Phone Number
student's name written on them. DO NOT put more than one person's	ough zip-lock bag. Make sure all bottles and the outside of the bag have your 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)	

(PLEASE USE THE BACK TO LIST ANY ADDITIONAL MEDICATIONS)



DOSAGE AND FREQUENCY: \_\_\_\_\_ (i.e., one time per day, 2 times, a.m. or p.m., etc)

# SECONDARY MEDICATIONS FORM

## CONTINUED

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