Student Medication Form for Camps, Tours and Excursion

Name:	Photo if desired
Condition:	
Doctor:	Phone:
Medication 1:	
Medication2:	
Instructions for administration:	

Dosage	Date	Time	Staff Member Initials

Notes from contact with Parent/Guardian prior to the event to discuss the approach to dispensation of medication*:

*Parents may grant permission for a senior student to self-administer. If this is the case, the conversation or correspondence needs to be recorded and kept. The teacher responsible needs to check in with the student daily to ensure students are managing this, and keep a record of this on this form