

If your child requires medication, please fill out below. You will need to enclose the medication in a plastic Ziploc bag labeled with your child's name. Your child should give the medication to his/her advisor the day before the trip.

If this is not applicable to your child, DO NOT print or submit this form.

Schedules for Medications

<i>Student Name</i>	<i>Medication(s)</i>	<i>Period(s) to be dispensed (pre/post meals, hour of sleep, PRN...)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give permission for a Millennium High School counselor to administer the above medication to my child,

_____, between _____ to _____
(child's name) (dates of trip)

(parent/guardian signature)