

CFS Overnight Trip Medication Form (to be filled out for each overnight trip)

Child's Name

Name of Trip (Powell House, etc.)

Date

Required Meds

Check here if student can self-administer medication (will receive a reminder only)

Morning

1. Medication: _____ Dosage: _____ Comment: _____

2. Medication: _____ Dosage: _____ Comment: _____

3. Medication: _____ Dosage: _____ Comment: _____

Noon

1. Medication: _____ Dosage: _____ Comment: _____

2. Medication: _____ Dosage: _____ Comment: _____

3. Medication: _____ Dosage: _____ Comment: _____

Dinner

1. Medication: _____ Dosage: _____ Comment: _____

2. Medication: _____ Dosage: _____ Comment: _____

3. Medication: _____ Dosage: _____ Comment: _____

Bedtime

1. Medication: _____ Dosage: _____ Comment: _____

2. Medication: _____ Dosage: _____ Comment: _____

3. Medication: _____ Dosage: _____ Comment: _____

"As Needed" Meds:

1. Medication: _____ Dosage: _____ Used for: _____

When to Administer: _____

2. Medication: _____ Dosage: _____ Used for: _____

When to Administer: _____

I understand that CFS staff cannot give out any medication, including over-the-counter medication, without an Authorization for the Administration of Medication by School Personnel form signed by both the child's doctor and the child's parent or guardian.

Parent/Guardian Printed Name

Parent/Guardian Signature