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