



STUDENT MEDICATION FORM

Student Name: _____

Allergies: _____

Place your initials on the line by each medication we can give your child (upon request) from our emergency supply box. For any medications you initial, you will not have to send a supply of that particular medication.

_____ Ibuprofen (Advil or Motrin)
_____ Acetaminophen (Tylenol)

Drug Name	Dose	Times to be Given	Only Give at Student Request	Special Instructions

- Step 1: List all routine medications that need to be administered while on this trip.
- Step 2: Sign and place this paper in a 1 gallon re-closable bag.
- Step 3: Place enough of the listed medications in this bag and send with your child.

ALL MEDICATIONS MUST BE IN A SEPRATE CONTAINER LABELED WITH THE MEDICATION NAME AND YOUR CHILD’S NAME.

This information listed on this form is correct and complete. I hereby give permission for the Brentwood Baptist counselors and staff to administer the medications as directed above.

Parent Signature (required)

Contact Telephone Number (required)