

MEDICATION REQUEST
SAN ANTONIO TRIP

PLEASE SUPPLY THE FOLLOWING INFORMATION FOR PRESCRIPTION MEDICATIONS TO BE ADMINISTERED DURING THE SAN ANTONIO TRIP:

STUDENT NAME: _____

NAME AND DOSAGE OF MEDICATION:

ALL MEDICATIONS MUST BE CLEARLY LABELED IN THE ORIGINAL BOTTLE.

ANY REGULATED MEDICATIONS (ex; pain meds, some ADD/ADHD medications, anti-depressants, heart related meds, etc.) WILL BE ADMINISTERED BY A NURSE.

_____ MEDICATION TO BE ADMINISTERED BY A NURSE

_____ STUDENT WILL ADMINISTER OWN MEDICATION

Parent Signature

Print Parent Name

Date

Parent Contact Number

Alternate contact number