



Medication Permission Form

Child's Last Name _____ First Name _____

To ensure the safety of all participants we do not allow students to self-administer medication while on trips. If a student does not have prescription medication, only fill out the non-prescription medication section and turn in the form. Students with prescription medication need to turn in the prescription meds and this form in a Ziploc bag on the first day of the trip. Pastor Coby and an additional adult volunteer from Quest will handle medication during the trip. Medication will be stored in a locked bag when it is not in use.

Non-prescription Medication:

Initial here if you agree with the following statement: _____

I grant permission for non-prescription medication, such as Tylenol, Ibuprofen, Benadryl, Pepto Bismol, to be administered to my child by church staff or Amplify volunteers in the event that such medication is needed while on the trip. **Note: Leaders will keep a record of any medication given to students.**

Medical Condition(s): _____

Prescription Medication #1: _____

List instructions for dosage and times that medication needs to be administered: _____

Prescription Medication #2: _____

List instructions for dosage and times that medication needs to be administered: _____

Note: Please check the expiration dates on all medications including epipens and inhalers.

PLEASE USE BACK OF FORM FOR FURTHER COMMENTS OR INSTRUCTIONS.

As legal parent or guardian, I hereby authorize (child's name) _____ to take the medication that I will provide, and authorize the Quest Church staff/volunteers to assist with administration of the medication as directed.

Parent/ Guardian Signature

Parent/ Guardian Name (please print)

Date

Parent/ Guardian Cell Phone Number