

Medication Trip Form

Please list all medications that your child will be taking on this Maples Youth trip. This includes any prescription, non-prescription medications, herbal supplements, and vitamins. Use the back of this page if more space is needed for listing medications.

<u>Medication Name</u>	<u>Dose</u>	<u>Treatment For</u>	<u>Dispensing Instructions</u>
Example: Zyrtec	5mg	Seasonal Allergies	Take one pill daily in the morning with food

Please also list any other medications that your child is **currently** taking, even if he/she will not be taking any while on this Maples Youth trip. This includes any prescription, non-prescription medications, herbal supplements, and vitamins. This information is extremely important in the event that there is an emergency and doctors need to know medication history so that they do not prescribe any new medications or treatment that could interfere with your child's current medications. Use the back of this page if more space is needed for listing medications.

<u>Medication Name</u>	<u>Dose</u>	<u>Treatment For</u>	<u>Dispensing Instructions</u>
Example: Zyrtec	5mg	Seasonal Allergies	Take one pill daily in the morning with food

***All youth are required to turn in **ALL MEDICATIONS** that they will be taking on this Maples Youth trip. Medications must be in their original containers with complete dispensing instructions included before the start of the trip. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do. ***

Parent/Guardian Signature: _____ Date: _____