

## **Student Medication Information for Overnight Field Trips**

•		eled containers which display the child's name, ions, licensed prescriber's name, pharmacy name,
Non-prescription medications must labeled on the container.	t be in the manufac	cturer's packaging with the child's name clearly
For the duration of this trip permission to administer the over-	the-counter medica	, I give Lakeway Christian Schools' staff ation listed below.
		medications must be kept in a locked box and/or in en trained in medication administration.
Student's name: Date of birth:		
Name of Medication	Dosage	Frequency and Special Instructions
·		
Parent/Guardian Signature:		Date:
Parent/Guardian Phone Number:_		
Received By:	<del></del>	Date:
Field Trip Date(s):		

This form is only valid for the date(s) listed above.