

MEDICATION ADMINISTRATION ON OVERNIGHT EVENTS

When it is absolutely necessary for a youth participant to receive routinely prescribed medication on a field trip, the following procedure shall be employed:

- An envelope shall be provided with the following information:
- Parent/Guardian authorization signature

MEDICATION ADMINISTRATION FOR OVERNIGHT EVENTS		
Dates of Event: From _____ To _____		
TIMES TO BE GIVEN		
1. _____	2. _____	3. _____ 4. _____
Participant's Name		
Medication		
Dose		
Route of Administration		
Prescriber		
Pharmacy Name & Phone No.		
Prescription No.		
I agree to provide to the above named participant, at the appointed times, the above-named medication which is contained in this envelope.		
NAME _____		
TITLE _____		
Once medication is verified as being in the envelope, the envelope shall be sealed until the medication is due.		

PARENT AUTHORIZATION

I authorize the above named person the task of assisting my child in taking the above medication.

I also authorize the above named person to talk with the prescriber or pharmacist should a question come up about the medication.

Medication must be registered with the Religious Education Office or Youth Ministry Office of Parish. It must be in the original container and placed in a sealed envelope. The envelope must be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug's expiration when appropriate.

Signature of Parent or Guardian

Date

Daytime Telephone

Evening Telephone

Mobile Phone

MAKE TWO COPIES OF COMPLETED FORM. FILE ONE COPY AT PARISH. SECURLY TAPE SECOND COPY TO ENVELOPE CONTAINING MEDICATION. PROPERLY STORE MEDICATION PER DIRECTIONS. PLACE ORIGINAL IN HEALTH INFORMATION BINDER WHICH DRE OR YOUTH MINISTER SHALL MAINTAIN IN HER/HIS POSSESION FOR THE DURATION OF THE EVENT.