### SECONDARY MEDICATIONS FORM

### **DC TRIP** 2019

#### MEDICATION INSTRUCTIONS

If you are sending any medications for your student, here's how to package the medications:

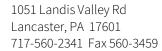
- 1. Fill out and sign the **Secondary Medications form**, listing your student's medications and possible side effects.
- 2. **If your student needs to take <u>prescription</u> medication:** Medicines must be in original container labeled with the prescription by your pharmacist or physician.
- 3. **If you are providing over the counter medicines,** they need to be in the <u>original</u> bottles. Write your student's name on the bottles.
- 4. Do not put any medicines in other containers or group them with other medicines in unlabeled containers.
- 5. **Put medications and the <u>Secondary Medications form</u> in a see-through zip-lock bag** and mark outside of bag with the name of student.
- 6. If there is more than one student going from a family, <u>please make a separate bag for each student</u>. **Do not put more than one student's medications in a bag.**
- 7. Students needing inhalers are permitted to keep them and use as directed. (Please indicate on the form that your teen will have their inhaler with them.)
- 8. The time to hand in any medications (with the Secondary Medication form) that you are sending along for your student, is at Check-In prior to departure.

#### FIRST AID INFORMATION

A leader or CSM Staff will be in charge of First Aid Team during the CSM Summer Trip.

- The Leaders/Staff will be available for treating minor emergencies.
- The Leaders/Staff can only provide & dispense the parent's recommended dose of over-the-counter medications to your student if needed, based on your student's Medical Release form (separate document).
- It is the family's responsibility to provide any prescription medicines or over-the-counter medications (other than those listed and initialed on the Calvary Medical Release form) for their student if needed during the weekend.
- The Leaders/Staff will be responsible for the safe keeping of the medicines that you will send along for your student.
- Students will be responsible to seek out the Leaders/Staff at appropriate times to take medications and Leaders/Staff will oversee teen taking the medication. Calvary Student Ministries and the First Aid Team are not responsible for students not taking their medications during the trip.







# **SECONDARY MEDICATIONS** FORM

Student's Name:	Birthdate
If my son/daughter needs to take medications while on t I designate the person chosen by Calvary Church to supe	
Please initial on the line and sign and date.	
I am sending along the medications that I approve of for my student to take and have listed below the treatment for ar dosage/frequency for each of these medications.	
Signature of Parent/Guardian	Date
Name of Parent/Guardian	Phone Number
student's name written on them. DO NOT put more than one person	nrough zip-lock bag. Make sure all bottles and the outside of the bag have your
(i.e., one time per day, 2 times, a.m. or p.m., etc)	
NAME OF MEDICINE	
TREATMENT FOR:	
DOSAGE AND FREQUENCY:	
(i.e., one time per day, 2 times, a.m. or p.m., etc)	
NAME OF MEDICINE	
TREATMENT FOR:	
DOSAGE AND FREQUENCY:	
(i.e., one time per day, 2 times, a.m. or p.m., etc)	
NAME OF MEDICINE	
TREATMENT FOR:	
DOSAGE AND FREQUENCY:	····
(i.e., one time per day, 2 times, a.m. or p.m., etc)	

(PLEASE USE THE BACK TO LIST ANY ADDITIONAL MEDICATIONS)





# **SECONDARY MEDICATIONS** FORM

# CONTINUED

Student's Name:	Birthdate
MEDICATION INFORMATION	
List <u>all</u> medications that you are sending for your student. Sign form and put it in with your student's medicine in a clear, see-through student's name written on them. DO NOT put more than one person's med	
NAME OF MEDICINE	
TREATMENT FOR:	
DOSAGE AND FREQUENCY:	
(i.e., one time per day, 2 times, a.m. or p.m., etc)	
NAME OF MEDICINE	
TREATMENT FOR:	
DOSAGE AND FREQUENCY:	
(i.e., one time per day, 2 times, a.m. or p.m., etc)	
NAME OF MEDICINE	
TREATMENT FOR:	
DOSAGE AND FREQUENCY:	
(i.e., one time per day, 2 times, a.m. or p.m., etc)	
NAME OF MEDICINE	
TREATMENT FOR:	
DOSAGE AND FREQUENCY:	
(i.e., one time per day, 2 times, a.m. or p.m., etc)	
NAME OF MEDICINE	
TREATMENT FOR:	
DOSAGE AND FREQUENCY:	
(i.e., one time per day, 2 times, a.m. or p.m., etc)	
NAME OF MEDICINE	
TREATMENT FOR:	
DOSAGE AND FREQUENCY:	
(i.e., one time per day, 2 times, a.m. or p.m., etc)	