

## OAKLAND CHRISTIAN SCHOOL Authorization for Medication on Overnight School Sponsored Trips

Dear Parent,

It is the policy of Oakland Christian School to have written authorization when they are involved with a student taking prescribed medications while attending a school retreat/trip. **Prescription medication needs to be in the current prescription bottle with medication name, students name, route, frequency and time of administration with only the amount of medication needed for the trip.**

In addition, all **over-the-counter medications such as Tylenol, Motrin, cough drops, Tums, Benadryl, Claritin, etc., require written authorization from the parent.**

All information will be handled in a confidential manner.

This authorization is valid for the dates of: May 10 thru May 11, 2023

Name of Trip: 8<sup>th</sup> grade graduation trip to Cedar Point

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student's Weight \_\_\_\_\_ (for medication dosing)

List Medication Allergies \_\_\_\_\_

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I hereby authorize school personnel to give over-the-counter medication to the above named student on an as needed basis. School personnel may give physician prescribed medication as written below.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

**The top portion of this form MUST be completed for all students**

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**PARENTS may use this section for any specific directions needed for additional over-the-counter medications.**  
Please complete this section **FOR PRESCRIBED MEDICATION:**

Medication Name/ Reason	Dosage/ Amount of pills to be given each administration	Times to be given <small>B- Breakfast L- Lunch D - Dinner HS- Bedtime Check Box</small>
		<ul style="list-style-type: none"> <li>● B</li> <li>● L</li> <li>● D</li> <li>● HS</li> <li>● Other</li> </ul>
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