

MEDICATION RECORD

If your student requires medication while on a FHBC sponsored trip, please complete this form and present it (along with the related medications) at check-in prior to departure. Please see additional explanation below.

Name:	Grade:	Male/Female	Parent Name Cell Number	Page _____ of _____
Allergies:				

Prescription #1	
Amount Brought:	(Dose, Route, Frequency)
Medication-	

Prescription #2	
Amount Brought:	(Dose, Route, Frequency)
Medication-	

	Breakfast	Lunch	Dinner	Evening	Other:
Day					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

	Breakfast	Lunch	Dinner	Evening	Other:
Day					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Date		Initials	Administers Full Name
	1		
	2		
	3		

Additional Explanation:

1. If the medication is a controlled medication and would harm another student if lost or stolen, you must turn in to FHBC leadership to secure and administer at the specified times.
2. If the medication is not a controlled medication and cannot be self-administered by the student, you must turn in to FHBC leadership to secure and administer at the specified times.
3. If the medication is not controlled and can be self-administered by the student, we need the medication form, however your student can be responsible for their medication and administration.