

The Fellowship Students Medication Form for Winter Retreat 2021

Student's Name: _____ Grade: _____

Parent's Name/s: _____

Emergency Contact Numbers: _____

All medications must be in original container. Please print child's name with a sharpie marker in the white area of Zip Lock bag. Place add medications and this form in the bag and give to the nurse on the day of departure.

Medication	Dosage	Time of Day

Parent's Signature: _____ Date: _____

***** ONE FORM PER STUDENT *****

The Fellowship Students Medication Form for Winter Retreat 2021

Student's Name: _____ Grade: _____

Parent's Name/s: _____

Emergency Contact Numbers: _____

All medications must be in original container. Please print child's name with a sharpie marker in the white area of Zip Lock bag. Place add medications and this form in the bag and give to the nurse on the day of departure.

Medication	Dosage	Time of Day

Parent's Signature: _____ Date: _____