



## Medication/Treatment Authorization **FOR RETREATS**

<b>Student First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>

<b>Name of Medication/Treatment</b>	<b>Strength/Dose</b> (preferred in mg dosage, i.e. NOT "one pill")	<b>Route</b> (by mouth, inhaled etc)	<b>Frequency</b> (daily, as needed etc)

**PLEASE NOTE A NURSE IS PRESENT ONLY DURING THE FOLLOWING HOURS:** Wednesday and Thursday: Breakfast through Dinner, Friday: breakfast to closing mass.

**TIME OF ADMINISTRATION OF THE LISTED MEDICATION – Please Check times**

<input type="checkbox"/> Nurse to administer prior to or at <b>BREAKFAST</b>	<input type="checkbox"/> Nurse to administer at or near <b>LUNCH</b>
<input type="checkbox"/> Nurse to administer at or after <b>DINNER</b>	<input type="checkbox"/> Designated Chaperone to administer at <b>BEDTIME</b>
<input type="checkbox"/> This medication must be administered at this specific time/s: _____	

**Reason for which medication is administered:** \_\_\_\_\_

**If medication is to be administered as needed for what symptoms should it be given:** \_\_\_\_\_

**Check this box if you'd like the empty bottle returned to your student**

By signing below, I request that a school nurse (or designee) administer the medication or treatment to the student named above while on a field trip or retreat. For the safety of all students, I understand the following: No vitamins, minerals, homeopathic medications, essential oils, or over the counter supplements will be administered without a doctor's written order submitted to the nurse at least 2 days prior to the day of the retreat. Only ESSENTIAL medications will be given. In order for medications to be administered on the retreat the following criteria must be met.

- 1). A parent or guardian must transport the medication to the nurse's office.
- 2). Upon delivery of the medication, the parent must fill out and submit this form.
- 3). Every medication must have its own form.
- 4). The medication must be in the original container with legible instructions. Medication will be administered only by label instructions.
- 5). Only the amount of medication needed on the retreat should be in the bottle/container. The school nurse may reserve the right to refuse administration based on clinical judgment pending further clarification. In this instance the parent/guardian will be notified. Dropping off medications after the due date may not allow sufficient time to train non-medical designees and can impact student safety. In this instance, the nurse will decide if the medication can be safely administered on the trip/retreat.

**Parent/Guardian Name (Printed)**

**Parent/Guardian Signature:**

**Date:**

\_\_\_\_\_

----- **BELOW IS MEDICATION DOCUMENTATION FOR NURSE/ TRAINED DESIGNEE USE ONLY** -----

<b>MEDICATION NAME/ DOSE/ ROUTE AND TIME OF ADMINISTRATION</b>

<b>Date</b>					
<b>Time/Initials</b>					
<b>Time/ Initials</b>					

Initials \_\_\_\_\_ Signature \_\_\_\_\_

Initials \_\_\_\_\_ Signature \_\_\_\_\_

