

LUMC Youth Medication Authorization

PARENT/GUARDIAN SECTION:

YOUTH _____ AGE _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

Signature gives permission for trip chaperone to administer medication and/or monitor youth taking medication independently

___ My child needs help with taking medication and chaperone will need to keep medication and administer it at specified times.

___ My child is independent in regards to taking medication. He/she will be responsible in keeping and taking it.

YOUTH SECTION:

I pledge that I will be responsible in keeping and taking my own medication. I will ask for adult help if needed.

YOUTH SIGNATURE: _____ DATE: _____

MEDICATION SECTION:

Name of Medication: _____

Dosage: _____ Length of Time: _____

Time of Day to be Administered: _____

TIME	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY

Chaperone Signature: _____ initials: _____

Chaperone Signature: _____ initials: _____