

\_\_\_\_\_ has my permission to travel with the youth group of Memorial United Methodist Church during our Spring Break Out (March 21<sup>st</sup>-23<sup>rd</sup>) to various homes and locations. During this time, we will be cleaning up yards, gardens, and the beach. I also give permission for my child to watch the movies that will be shown (Harry Potter Series, Star Wars Series, Lord of the Rings, or Pirates of the Caribbean). We will meet daily at Maxell Hall at 10:00 am and pick-up will be at 8:00 pm daily. The cost is \$10 per day or \$30 for the 3 days per person. I have received all further information this event. In case of an accident/ emergency I give my permission for a duly licensed physician of an adult youth worker's choosing to treat my child.

**Insurance and policy/group Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**Insurance and policy/group Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Medication Description Form

Student Name:

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Allergies:

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**Step 1:** List all routine medications that need to be administered while on the trip.

**Step 2:** Sign and place this form inside of a sealable bag

**Step 3:** Place enough of listed medications (enclosed in pharmacy labeled Container) in this bag and send with your student.

**ALL MEDICATIONS MUST BE IN A PHARMACY LABELED CONTAINER WITH YOUR CHILD'S NAME OR THEIR ORIGINAL OVER THE COUNTER PACKAGING.**

Drug Name	Dose	Please fill out only ONE of the two columns below for each prescription listed.		Special Instructions
		Must be given at:	As Needed	
		<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/>	
		<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/>	
		<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/>	
		<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/>	
		<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/>	
		<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/>	
Notes:				

*The information on this form is correct and complete. I hereby give me permission for the Memorial UMC staff and volunteers to administer the medication as directed above.*

Parent Signature(required)

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Parent Contact Number