



2018–19 ALL-SCHOOL RETREAT MEDICAL FORM (IF APPLICABLE)

If your student does not take any medication, this form does NOT need to be turned in.

Student Name _____ Date of Birth _____

Please choose option one **or** two below:

1. Option One: My child has permission to self-carry his/her over the counter or prescription medication needed for the retreat. (Note: any ADD meds or narcotics must be administered by nurse). He/she will bring just enough medication along for him/herself and will not distribute medication to any other students.

Parent Signature _____

Student Signature _____

2. Option Two: I would like the school nurse to administer my child's medication on the retreat. He/she takes the following medication: (please include dosage and time)

Medications must be in their prescribed bottle or original container if over the counter. Please bring medication to SW on the first day of school!

Parent Signature _____