



**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 \_\_\_\_\_