

# KNOLLWOOD BAPTIST CHURCH

## MEDICINE ADMINISTRATION FORM FOR USE ON TRIPS

Page 1 of 3

YOUTH FULL NAME: \_\_\_\_\_

TRIP DATES and DESTINATION: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

### MEDICAL INFORMATION

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATION FOR MINOR AILMENTS:

- |   |   |                                  |
|---|---|----------------------------------|
| <input type="checkbox"/> Acetaminophen (Tylenol)    | <input type="checkbox"/> Ibuprofen              | <input type="checkbox"/> Antacid |
| <input type="checkbox"/> Diphenhydramine (Benadryl) | <input type="checkbox"/> Polysporin / Neosporin |                                  |
| <input type="checkbox"/> 1% hydrocortisone cream    | <input type="checkbox"/> Other _____            |                                  |

HAS YOUTH BEEN ILL RECENTLY? IF SO, PLEASE EXPLAIN BRIEFLY:

---

DATE OF LAST TETANUS VACCINE: \_\_\_\_\_

LIST ANY ALLERGIES TO MEDICATIONS, FOODS OR ENVIRONMENTAL FACTORS:

\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY MEDICATIONS TO BE KEPT AVAILABLE FOR IMMEDIATE USE: (including inhalers and Epi-pens):

MEDICATION NAME: \_\_\_\_\_

Please initial one:

\_\_\_\_\_ YOUTH IS VERSED IN USING RESCUE MEDS AND IT IS MY DESIRE  
HE/SHE KEEP THESE WITH THEM.

\_\_\_\_\_ YOUTH WILL KEEP RESCUE MEDS BUT MAY REQUIRE ADULT ASSISTANCE.

\_\_\_\_\_ ADULT SHOULD KEEP RESCUE MEDS.

Page 2 of 3

Information collected is for this one specific trip and all pages will be returned to parent at the conclusion of the trip.

Revised June 2016

**PLEASE NOTE: ALL MEDICATIONS, WITH THE EXCEPTION OF MEDICATIONS FOR ACNE OR OTHER DERMOLOGICAL CONDITIONS, MUST BE TURNED IN PRIOR TO LEAVING ON ANY KNOLLWOOD SANCTIONED TRIP. MEDICATIONS MUST BE IN ORIGINAL CONTAINER AND PROPERLY LABELED WITH YOUTH NAME AND INSTRUCTIONS. SPECIAL CONDITIONS FOR EMERGENCY MEDICATIONS ARE OUTLINED BELOW.**

**MEDICATION:**

**DOSAGE:**

**FREQUENCY:**

---



---



---



---



---



---

**MEDICATION LOG (TO BE COMPLETED DURING TRIP):**

Medication	Time Date & Initials	Time Date & Initials	Time Date & Initials	Time Date & Initials	Time Date & Initials	Time Date & Initials	Time Date & Initials	Time Date & Initials

Information collected is for this one specific trip and all pages will be returned to parent at the conclusion of the trip.

# KNOLLWOOD BAPTIST CHURCH

## MEDICINE ADMINISTRATION FORM

Page 3 of 3

### INSURANCE INFORMATION

COMPANY: \_\_\_\_\_

NAME OF POLICY HOLDER: \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

Should emergency medical treatment be necessary, I authorize Joshua Godwin, YOUTH MINISTER of KNOLLWOOD BAPTIST CHURCH, to act on my behalf and approve appropriate treatment. I agree to assume financial responsibility for all expenses of such care not covered by medical insurance.

\_\_\_\_\_  
YOUTH FULL NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### NOTARY FORM

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, a Notary Public, do hereby certify that on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared before me \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that he executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct.

\_\_\_\_\_

Notary Public, State of \_\_\_\_\_

Name, Typed or Printed: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Information collected is for this one specific trip and all pages will be returned to parent at the conclusion of the trip.

Revised June 2016