

# Bethesda UMC Overnight Medication Instructions & Permission to Administer

**Student Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

- List Student's Allergies: \_\_\_\_\_
- Student's Health Conditions: \_\_\_\_\_
- Emergency Contact Name and Number: \_\_\_\_\_
- Will the health condition hinder the student from any activities (exs: hiking, swimming, ropes activites, service projects)? \_\_\_\_\_

List all medications -prescription and over the counter, as well as emergency meds (ex. EpiPens) that student takes during the day.

| Medication Name (on label or box) | Dose Ordered | Time(s) Ordered | Does the medication require refrigeration? |
|-----------------------------------|--------------|-----------------|--|
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1. Can Jana Clack carry and administer the medication or emergency med to your student at the prescribed time? \_\_\_\_\_
2. Should Jana not be available at that time, do you give consent for another first aid/cpr trained adult volunteer from Bethesda to administer the medication or emergency med? \_\_\_\_\_
3. Is the student allowed to carry and administer their medication? \_\_\_\_\_
4. If yes, has the student been taught how to administer the medication? \_\_\_\_\_

- All medications must be in the original container, or labeled in a ziplock bag with student name, dosage and time to administer.
- Medications not authorized for student to carry and administer must be given to Jana Clack for proper storage.