

## WFPC YOUTH MEDICATION(S)

To be completed only if on medication during dates of the youth trip. Please bring this form along with your youth's medications to check-in on the day of departure. **ALL MEDICATIONS NEED TO BE TURNED IN TO THE FIRST-AID ADVISOR IN THEIR ORIGINAL CONTAINER.** Prescription medication will not be given unless it is clearly marked with the youth's name and dosage. Please bring medications in a ziplock bag with the youth's name printed in marker on the outside.

My son/daughter, \_\_\_\_\_, is taking the following medication(s):

Medication	Dosage	When Given	Reason

I give permission for this medication to be given to my son/daughter during his/her WFPC youth trip.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date