

# Pride of Bixby

## BOA Trip Medication Form 2017

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

**Student Cell Number:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Group Number:** \_\_\_\_\_ **Responsible Party:** \_\_\_\_\_

### Medications:

Include any medications that will need to be taken on this overnight trip. We will have a stock of our typical over the counter meds that you have already consented to available during the trip. All medications MUST be in prescription bottles with pharmacy label including student name, physician name, expiration date, and dosage instructions if prescribed or manufacturer packaging if over the counter. Place all medications in a clear zip lock bag with student name written on it.

**ALL medications must be provided to Alexia Fussell, RN and Tracy Rubis, RN on Wednesday, October 18, by 8pm in the band room to allow proper organization prior to departure.** As you can imagine with a band our size, this is a complex pharmaceutical undertaking. Medications will be held and distributed as prescribed, or necessary by the trip nurse until return of student late on Sunday, October 22. Medications not picked up upon return will be disposed of properly.

Medication/Reason for use	Dose/Frequency	Time to be given

I, \_\_\_\_\_, parent/legal guardian of the above named student, have read, understood, and agree to the above.

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_