

Medication Authorization Form

I, _____, recognized as legal guardian of (youth's name) _____, do authorize acting chaperones of this Trinity United Methodist Church-sponsored youth trip, of which the above minor is a participant, to administer the following medications to said minor.

Rx Number _____ Medication _____

Directions _____

Rx Number _____ Medication _____

Directions _____

Rx Number _____ Medication _____

Directions _____

Rx Number _____ Medication _____

Directions _____

This authorization is applicable on or between the dates of:

_____ to _____
Month Day Year Month Day Year

Signed _____
(parent/guardian)