

**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  
\_\_\_\_\_, 2012 to \_\_\_\_\_, 2012.

Signed \_\_\_\_\_  
(parent/guardian)