

## 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 \_\_\_\_\_, 2010 to \_\_\_\_\_, 2010.

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