

Cincinnati Hills Christian Academy

Student Self-Medication Agreement

(Print then obtain Parent, Student, and Physician Signatures)

Student Name:	Grade:
Parent Name:	Today's Date:

A parent and physician signature are required for both **prescription and over-the-counter medications** the student takes routinely or on an "as needed" basis.

Parents will supply all medications for the trip. No medications which have been supplied to the Founders' Campus school clinic will accompany the student on the trip.				
Name of medication	Dosage	Frequency	Name of prescribing physician	Doctor's phone
1.				
2.				
3.				
4.				
5.				
6.				

Physician Agreement

I agree that the student has been instructed in the proper use of the above medications, the expected results and possible side effects and have determined that this student is capable of possessing and using the above medications appropriately.

_____/_____
Physician signature *2nd Physician signature if needed*

Parent Agreement

I, _____ the parent of _____,
(Parent signature) *(Print student name)*

understand that, while off campus for his/her experience, my student will be solely responsible for the possession and self-administration of the above-named medication. I will supply the medication for my student to carry in the original container in which it was purchased (with original pharmacy or manufacturer label). I understand that I will supply a few extra days of medication in case there is a delay in travel but will not supply any more medication than would be needed for the trip and a few extra days. I have reviewed with my student that he/she will under no circumstances share his prescribed or over-the-counter medication with anyone else. I will communicate with the coordinator of the trip if there are any side effects, particular precautions, or instructions of which they should be aware. My student will not possess/ take any medications not on this list. CHCA and its chaperones are in no way responsible for the care and dispensing of the medications.

Student Agreement

I, _____, have read and agree to the above stipulations.
(Student signature)