

Senior Ropes 2010
Tuesday, September 21st and Wednesday, September 22nd
Medication Sheet

Please complete the following form only if your student will be taking any medication during the trip.

Name of Student _____

Medication(s) taken _____

How administered _____

Prescribing Physician _____

Please check one of the following:

_____ Student has permission to self-administer

_____ Staff will administer

Signature of Parent/Guardian

Date