

Good Shepherd Catholic Church
Confirmation Retreat Medication Form

Name of Student: _____

Medication Name	Dose	Time of Administration	Reason for Medication

Concerns or special directions for medication administration:

- All prescription medication must be in its original and clearly marked medication bottle with the prescription label on the bottle.
- Over the counter medications must be in the original medication bottle.
- We will not accept any medications that are not in their original containers.
- All medications and this completed form are to be placed in a Ziploc bag labeled with the student's full name.

- Inhalers for Asthma and Epi-Pens for anaphylactic reactions can be kept with the student during the retreat.
- All other medications will be checked in when the student arrives to the retreat. The medication will be kept in a secured location and will be dispensed to the student at the prescribed time.

Parents:

I authorize my student to have the above medications at the Confirmation Retreat and I understand the medication will be given to my student at the prescribed time. All remaining medication and medication bottles (containers) will be returned at the end of the retreat.

Parent Signature

Date