Permission for The Trip/Medication Release and administration Form

Permission Form for Prescribed and Over the Counter Medication

Participants Name:_____ **age:** _____ **Date of Birth:**_____

Medical Release (Emergency)

In case of emergency, illness or accident to the above named Minor, while on the trip, I give consent to the nearest hospital to render medical emergency care deemed appropriate by the hospital staff. I also give consent to Rivers Edge Outdoor Excursions LLD personnel to take whatever action is deemed necessary in their judgement for the health of said child.

_____ _____

Signature of Parent/Guardian ***Date***

TO BE COMPLETED BY PARENT/GUARDIAN

(MUST BE IN THE MINORS SPECIFIC, CURRENT, ORIGINAL PHARMACY LABELED CONTAINER)

Name of medication: _____ Reason for medication:_____

ALLERGIES:_____ Any OTHER Condition(s):_____

Form of medication/treatment: _____

Tablet/capsule Liquid Inhaler Other _____

Instructions **(Schedule and dose to be given)** _____

_____

Start: Date form received Other, as specified:_____

Stop End of The Trip Other date/duration:_____

For episodic/emergency events only

Restrictions and/or important side effects: **No restrictions**

Yes. Please describe: _____

Other Instructions: _____

Parent or Guardian Signature _____ **Date:**_____

Health Care Provider Name _____

Address:_____ **Phone:**_____ **FAX:**_____

I give permission for (name of Minor)_____ is to receive the above stated medication during The Trip. I release Rivers Edge Outdoor Excursions LLC and its employees/Officers from any claims or liability connected with its reliance on this permission.

By signing below, I understand that I MUST bring / send the medication in its original container.)

Date:_____ Signature:_____ Relationship:_____

Home phone:_____ Work phone:_____ Emergency or CELL phone:_____

This Minor is capable and responsible to self-administer the above medication:

☐ Yes - Unsupervised ☐ Yes-Supervised ☐ No

This student may carry this medication: Circle one Yes No

Any restriction(s):_____

Signature:_____**Date**_____

Parent or Guardian