

# AIEA PROJECT GRADUATION 2010

## FORM #5 - PARENT'S MEDICATION AUTHORIZATION FORM

I (We) \_\_\_\_\_ (Parent/Guardian) authorize the Aiea Project Grad 2010 chaperones to hold and distribute only the following medications for my child, \_\_\_\_\_ (student's name) during the Project Grad activities. A first aid station will be available at the event .

**Please PRINT the following information:**

<u>name of medication</u>	<u>DOSAGE</u>
1. _____	_____
2. _____	_____
3. _____	_____

**ALLERGIES/MEDICAL PROBLEMS:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**MISCELLANEOUS ITEMS:**

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**Important Requirements:**

1. Prescription medications must be in their original containers with the student's name on them.
2. Over the counter medications must be in their original sealed containers.
3. List all other miscellaneous items (contact solution, eye drops, and personal hygiene items) on this form.
4. Put this form (Form #5 - Medication Authorization Form), all medications and any miscellaneous items into a clear, re-sealable (ziplock type) plastic bag with the student's name visible on the outside.
5. Turn in bag to the chaperones at the time of check-in on May 28, 2010.
6. All un-used medication(s) will be returned during check-out on May 29, 2010.

