

SEEK Medication Form**

Student's name _____ Date _____

Parent participating in SEEK _____

Parent's cell phone _____

Student's location 1st hour: Group _____ Room: _____

Parent's location 1st hour: Group _____ Room: _____

Student's location 2nd hour: Group _____ Room: _____

Parent's location 2nd hour: Group _____ Room: _____

Medication name _____

Reason for medication (if allergy, please specify allergens)

Dose _____ Route _____

Instructions _____

Location of medication _____

In the event that emergency medication is needed, I, _____, am aware that SEEK administrators will attempt to find me. If I cannot be located, I give permission for non medical SEEK administrators, to give the above medication to my child,

_____.

Parent's signature _____

****Note:** In accordance with Colonial's policy, children should not carry medication and leaders and volunteers should not administer any medications, including ointments or pain relievers. The one exception is when failure to medicate is life threatening, such as the case of severe allergic reactions, asthma and diabetes. This form is only for emergency medication for life threatening conditions.