



Off Campus Form 2019-2020

Office Use Only
Date Accepted _____
Staff Initial _____

Please print. Incomplete forms will be returned to the parent/guardian for completion.

First Name: _____ Last Name: _____ Date: _____

Gender: _____ DOB (MM/DD/YYYY): _____

Name of Off Campus Activity: _____

In case of minor injury or illness during the off campus trip, I authorize the accompanying medical personnel, staff member, or adult volunteer to be my agent to give my child the age-appropriate dosage as directed on the packaging of over-the-counter medication indicated below. I understand alternate methods of care will be used before medication is given (i.e. eating, hydration, resting, etc.).

I agree to, and do hereby hold La Casa de Cristo Church staff and volunteers harmless from any claims, demands, causes of actions, liability, or loss of any sort, because of or arising out of acts or omissions with respect to these medications.

Please initial next to each medication you are authorizing for administration.

I understand that ONLY the over-the-counter medications listed below will be available.

- | | | |
|-------------------------------|----------------------------------|-------------------------------|
| _____ Ibuprofen (Advil) | _____ Dramamine (needed for long | _____ Antibiotic Ointment |
| _____ Acetaminophen (Tylenol) | car rides) | _____ 1% Hydrocortisone Cream |
| _____ Benadryl | _____ Cough Syrup (non-narcotic) | _____ Tums |
| _____ Pepto Bismol | _____ Stool Softener/Laxative | _____ Nasal Decongestant |

Please provide a detailed list of prescription and over-the-counter medication(s) being brought on the overnight trip.

I understand that it is my responsibility to provide La Casa de Cristo with these medication(s) in their original container(s). _____ Signature (Parent/Guardian)

Prescription Medications (use back of page if necessary, including inhaler and epipen):		
Name of Drug	Dosage	Time medication taken

The Medical Form 2019-2020 has the most current insurance, medical, and parent/guardian contact information. **If any information has changed, you must fill out the Medical 2019-2020 form again in its entirety.**

_____ Signature (Parent/Guardian)