



**Regina Christian
School Association**

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A Christian Approach to All of Life and Learning

Medication Information for Overnight/Out of City Trips

Student's Name: _____

Medical Condition: _____

List all medications – include the reason for being prescribed, dosage, frequency, time to be given and method of administration.

Medication/Procedure	Dosage	Frequency	Administration Time	Reason for being prescribed	Method of Administration

Parent/Guardian Signature

Date