

The South Llano River Center for Outdoor Learning Texas Tech University at Junction Medications and Special Concerns

- If your child is not taking medications, please write NONE and sign where indicated.
- Non-prescription medications (Tylenol and Benadryl) require a parent's signature.
- ALL medications must be in the original bottle from pharmacy and dosage must be current.

Student's Name _____ Male / Female (circle one)

Special information about your child including allergies, sleepwalking, nocturnal incontinence, etc:

Directions for Administering Medications:

Medicine Name and Dosage	Morning Time	Mid Day Time	Afternoon Time	Night Time

Any medicine explanations:

(if you need more writing space, please attach a sheet of paper)

I/We hereby request, and give permission to The South Llano River Center for Outdoor Learning medical personnel and/or appropriately trained teachers to administer medication and/or aid.

*Parent's Signature: _____ Date: _____

Doctor's special instructions (if needed):

Doctor's Name: _____ Phone: _____
Doctor's Signature: _____ Date: _____