



WHERE I (WE) WILL BE GOING

WHERE I (WE) WILL BE GOING _____

PHONE NUMBER WHERE I CAN BE REACHED _____

TIME WE WILL BE ARRIVING HOME _____

CURRENT MEDICATIONS TO ADMINISTER

Child #1 NAME _____ Age _____

Current Medical Condition _____

MEDICATION NAME(S)	DOSAGE AMOUNT	TIMES TO ADMINISTER
A. _____ / _____	_____ / _____	_____ / _____
B. _____ / _____	_____ / _____	_____ / _____
C. _____ / _____	_____ / _____	_____ / _____
D. _____ / _____	_____ / _____	_____ / _____

ADDITIONAL COMMENTS _____

Child #2 NAME _____ Age _____

Current Medical Condition _____

MEDICATION NAME(S)	DOSAGE AMOUNT	TIMES TO ADMINISTER
A. _____ / _____	_____ / _____	_____ / _____
B. _____ / _____	_____ / _____	_____ / _____
C. _____ / _____	_____ / _____	_____ / _____
D. _____ / _____	_____ / _____	_____ / _____

Additional Comments _____

Child #3 NAME _____ Age _____

Current Medical Condition _____

MEDICATION NAME(S)	DOSAGE AMOUNT	TIMES TO ADMINISTER
A. _____ / _____	_____ / _____	_____ / _____
B. _____ / _____	_____ / _____	_____ / _____
C. _____ / _____	_____ / _____	_____ / _____
D. _____ / _____	_____ / _____	_____ / _____

Additional Comments _____