SINGAPORE AMERICAN SCHOOL

CWW

Authorization to Administer Medications

Student Name _____ Grade _____ Trip Location _____

Students who need to take their prescription medication(s) during their overseas trip are required to complete this form. Prescription medications must be supplied in the original manufacturer's packaging and display the pharmacy/clinic/physician label. These medications should be provided to the SAS Nurses Office (M122) no later than one week prior to the trip's start. This form must be completed by a parent or guardian.

I request that my child receive the following medication(s):

MEDICATION	DIAGNOSIS	DOSAGE	ROUTE	TIME/FREQUENCY	LENGTH OF TREATMENT	EXPIRY DATE

Parent / Guardian Name _____ Parent / Guardian Signature _____ Date _____

Last Name, First Name MM/DD/YYYY