

**German Exchange Program**  
ADMINISTRATION OF MEDICINE FORM



I, \_\_\_\_\_ parent/guardian of  
\_\_\_\_\_ hereby allow the chaperones of the  
JPS Exchange Program to administer medication to my child while traveling abroad in the event  
of a medical situation that does not require a doctor's visit. I have informed the program of all  
of my child's medical history and allergies.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_