



## Medication and Medical Information & Health Questionnaire

### Activity Information:

Name of Activity Sponsor: Chapelstreet Church  
Trip Leader: Beth Miller, Natalia McDonald  
Address: 2300 South Street, Geneva, IL  
Activity: Middle School Winter Retreat  
Camp Wonderland, Salem, WI  
Dates: Jan 31- Feb 2, 2025

### Participant's Information:

Name of Participant: \_\_\_\_\_  
Name of Parents/Guardians: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Emergency Contact/Cell Phone: \_\_\_\_\_

### To be completed for all prescription and non-prescription medication

#1 Name of Medicine: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

#2 Name of Medicine: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

#3 Name of Medicine: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

#4 Name of Medicine: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

- 1) We understand that all prescribed medications must be in the original container or vial, as provided by the pharmacist, with the prescription/dosage affixed.
- 2) Over-the-counter medications must be provided in the original container labeled with the student's name.
- 3) All medications must be listed.
- 4) This form must be turned in *BEFORE* trip departure.
- 5) All medications will be self-administered by the participant. Medications will be distributed to the participant by the staff as directed by this form.

While Chapelstreet Church, its employees, volunteers, or representatives will not be responsible for the administration of medication, we do want to have knowledge of medications students will have in their possession for medical reasons. **Your signature below indicates your permission to allow the participant to take listed medications with dosage indicated if needed.**

**PARTICIPANT:**

I have carefully read this form and provide the above answers:

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**For Participants who are under 18 years of age, Parents/Legal Guardians please complete the following:**

PARENT OR LEGAL GUARDIAN: As a parent or legal guardian of the above-named minor Participant, I have carefully read this agreement and fully understand its contents. I give permission, take full responsibility for my child to participate in the Program, and hereby sign this "Participant Consent and Release Form" on behalf of my child.

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

ADDITIONAL PARENT OR LEGAL GUARDIAN (if applicable): As an additional parent or legal guardian of the above-named minor Participant, I have carefully read this agreement and fully understand its contents. I also give permission, take full responsibility for my child to participate in the Program, and hereby sign this "Participant Consent and Release Form" on behalf of my child.

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian