



Authorization to Administer Medications Telunas ISTA Festival, April/May 2018

To be completed by Parent or Guardian

I request that my child _____ School: _____

Be given the following medications as requested by parent/as prescribed by physician. I understand that the International Schools Theatre Association (ISTA) is providing a service to administer the medication upon parent/guardian or physician's request based on the instructions below.

Signature: _____

Telephone: _____ (include country code)

Date: _____

To be completed by Parent or Physician:

Name of Student/Patient: _____

Diagnosis: _____

Name and strength of medication: _____

Prescribed dosage and times to be given: _____

Expected duration of treatment: _____

Expiration date of medication: _____

Possible side effects or adverse reactions (where known) _____

Signature: _____

Date: _____

Note: All medications must be supplied in the original packaging along with THIS FORM in a ziplock bag. Medication should be turned into sponsor teacher prior to the trip (date set by school). These will then be turned over to the nurse on arrival at Telunas.