

TIME AWAY

STUDENT'S NAME _____

HOST HOME _____

TIME STUDENT NEEDS TO LEAVE _____

TIME STUDENT WILL RETURN _____

PARENT'S NAME _____

PARENT'S CELL _____

PARENT'S SIGNATURE _____

MEDICATION

If your child requires medication over the DNOW Weekend please fill this form out and bring it to your child's Leader at check-in Friday, MARCH 8, along with the medication in its original bottle.

STUDENT'S NAME _____

PARENT'S CELL _____

MEDICATION _____

SPECIFIC INSTRUCTIONS FOR MEDICATION _____

PARENT'S SIGNATURE _____