



INSTRUCTION FOR THE ADMINISTRATION OF PRESCRIPTION OR OVER-THE-COUNTER MEDICATION DURING A GOALS EXPEDITION

Participant Name: _____

River Expedition: _____ Dates: _____

GOALS leader with whom meds are being left: _____

Medication: _____

Reason for taking this medication: _____

Dosage: _____

Date medication started: _____ To be administered through: _____

Time(s) of day medication is to be administered: _____

This medication is to be administered by (select one): YOUTH PARTICIPANT

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GOALS LEADER

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Special instructions:

I hereby give permission for _____ (participant) to take the above prescription as ordered throughout their GOALS river expedition. I understand that it is my responsibility to furnish this medication. I further understand that any GOALS leader who administers any drug to my participant in accordance with written instructions shall not be liable for damages as a result of an adverse drug reaction suffered by the participant because of administering such drug.

Signature of Parent / Guardian: _____ Date: _____

Note: The medication is to be brought to the expedition launch in its' original container, appropriately labeled by the pharmacy or physician stating the name of the medication, the dose, and the time to be administered.