



Traveler Consent Form for Self-Administration of Medicines

Traveler Name _____

I authorize self-administration of the below listed medication for the traveler listed above under the supervision of Compass Point staff. Self-administration means that the traveler can administer the medication in a manner directed by the physician without additional direction by Compass Point staff.

Parent/Guardian _____ Date _____

Traveler _____ Date _____

Please provide the name and number of the traveler’s physician and the pharmacy in which the medication was prescribed.

Physician: _____ Phone: _____

Pharmacy/Pharmacist: _____ Phone: _____

Medication	Dosage	When is this administered?

List of Medication, dosage and frequency:

**If additional space is needed, please list on the back of this sheet.