



Blue Bicycle

T R A V E L

Blue Bicycle Travel Medical Form

I _____ (parent's name) give permission to Michelle Lehnardt and Shelah Miner to monitor my child _____ (child's name), to administer the over-the-counter medications and first aid that are appropriate, and to take them to see medical professionals in the case of a more serious medical event.

List any medications that the chaperones should know about:

List any medications that he/she currently takes:

List any medications that he/she should not take:

Parent Signature

Date