

Medication Form

Name _____
Birthday _____
Age _____ Sex _____
Parent _____
Address _____
Phone # _____ Cell _____
Emergency Contact _____
Phone # _____ Cell _____

Medications to be Taken Routinely During Event

Bring enough medication to last the entire duration of the event. Over the counter and prescription medicine (including inhalers) must be in their original packaging/bottle. Prescription medicine must identify the prescribing physician, the name of the medication, the dosage and the frequency of administration. Sample prescription medicine and or any changes to the original prescription require a note written by the prescribing physician on their office letterhead. All medication should be placed in a clear Ziploc bag clearly marked with the child's name.

No medication can be taken or administered without the completion of this form and the signature of a parent or guardian.

Signature of parent or guardian

Date

MED #1 _____	Dosage _____
Specific times taken each day _____	
Reason for taking _____	
MED #2 _____	Dosage _____
Specific times taken each day _____	
Reason for taking _____	
MED #3 _____	Dosage _____
Specific times taken each day _____	
Reason for taking _____	
MED #4 _____	Dosage _____
Specific times taken each day _____	
Reason for taking _____	