

Student Ministry Medication Form

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone (daytime): _____ (evening): _____

INSTRUCTIONS: Please complete this form for all medication(s) that your child will be taking over the course of this event, including over-the-counter medications, inhalers, or any medication that you will be sending with your child. Please read the following Medication Policy. Your signature below indicates that all information provided on this form is correct and that you understand the Medication Policy.

MEDICATION POLICY

- *All medications, both over-the-counter and prescription, must be submitted to the Nurse at event check-in with the exception of Epi-Pens, inhalers, and diabetic supplies.*
- *All medication must be in the ORIGINAL CONTAINER with the participant's name clearly printed or written on the bottle.*
- *Ziplock bags, pillboxes, non-original bottles or packaging, or any other type of container besides the original will not be accepted.*

There will be no exceptions to this policy.

Please initial one of the following statements:

_____ Please release any remaining medication to my child at the conclusion of the event.

_____ Please DO NOT release medication to my child at event dismissal. I will pick up medication at event dismissal. Any medications not picked up at that time will be destroyed.

Parent/Guardian's Signature: _____ Date: _____

Medication Name (include any special instructions)	As Needed	Breakfast	Lunch	Dinner	Bedtime
1.					
2.					
3.					
4.					
5.					

FOR ADDITIONAL MEDICATIONS, ATTACH ADDITIONAL COPIES OF THIS PAGE.