BRENTWOOD BAPTIST | STUDENT MINISTRIES

2018 MEDICATION FORM

STUDENT LAST NAME: _____ **GRADE:** _____

For NURSE USE ONLY -
AM / PM / PRN

(Circle One) **Male** **Female**

Campus (Please circle one)

Ave South **Brentwood** **Lockeland** **Nolensville**

Station Hill **West Franklin** **Woodbine**

Student Name: _____
FIRST NAME MI LAST NAME

Please complete each section of this form.

⇒ **Is your student currently under the care of a doctor?** *(Circle One)* **YES** **NO**

⇒ if yes, why?

_____

Step 1: List all routine medications below that need to be administered while on this trip.

Step 2: Please provide enough medication as needed for the length of the trip.

Step 3: Sign this form and bring with medication to check-in.

Please note: If a student requires an Epi-Pen, a separate form must be filled out.

DRUG	DOSE	AM/PM/PRN	REFRIGERATE?

ALL MEDICATIONS MUST BE LABELED IN A BAG WITH THE MEDICATION NAME AND YOUR CHILD'S NAME.

This information listed on this form is correct and complete. I hereby give permission for the Brentwood Baptist counselors and staff to administer the medications as directed above.

_____ _____

Parent Signature (required) **Contact Telephone Number (required)**