

MEDICATION FORM



For NURSE USE ONLY - **AM / PM / PRN**

FRI AM	FRI PM	SAT AM	SAT PM	SUN AM	SUN PM	MON AM	MON PM	TUES AM	TUES PM	WED AM	WED PM	THURS AM	THURS PM

NAME OF PARTICIPANT _____ **GRADE:** _____
LAST NAME FIRST NAME

GENDER (CIRCLE ONE): MALE FEMALE

CAMPUS (CIRCLE ONE): AVENUE SOUTH BRENTWOOD HARPEATH HEIGHTS LOCKELAND SPRINGS
 NOLENSVILLE STATION HILL WEST FRANKLIN WOODBINE

PLEASE COMPLETE EACH SECTION OF THIS FORM:

IS THE PARTICIPANT LISTED ABOVE 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 PARTICIPANT 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 THE PARTICIPANT'S NAME.

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

_____ **Parent Signature (required)**

_____ **Contact Telephone Number (required)**