

Second Baptist Church Youth Medication Form

Are there any recent changes to your child's health of which we need to be aware? Especially allergies, injuries, and restricted activities. _____

FOR THE SAFETY OF EACH STUDENT, ALL MEDICATION, PRESCRIPTION AND NON-PRESCRIPTION, MUST BE TURNED IN.

Please list all medications, prescription and non-prescription, taken regularly. Fill in the blanks completely. Attach additional pages if more space is needed.

ALL MEDICATIONS MUST REMAIN IN THE ORIGINAL CONTAINER. ALL PRESCRIPTION MEDICATIONS MUST BE IN A PHARMACY-LABELED CONTAINER WITH THE PARTICIPANT'S NAME ON IT. IF THIS POLICY IS NOT FOLLOWED, THE MEDICATION CANNOT BE ADMINISTERED.

If the participant requires an asthma inhaler or antidote for insect bite or allergies (prescribed by a doctor), if possible, bring two to the event. The medication must be registered on this form. One will be kept and closely guarded by the participant, and one will be kept by an adult leader.

Place all medications in a zip-top bag labeled with the participant's name.

Name _____

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| Medication 1 _____ Reason for taking _____ Dosage _____ When taken _____ | Medication 3 _____ Reason for taking _____ Dosage _____ When taken _____ |
| Medication 2 _____ Reason for taking _____ Dosage _____ When taken _____ | Medication 4 _____ Reason for taking _____ Dosage _____ When taken _____ |