

Cabin _____

Cabin Chaperone: _____

Youth Ministry Medication Form

- Volunteer Nurse must be notified of all medication students will be taking during the weekend.
 - All medication must be turned in to Cabin Chaperone for students under 16.
- If you want your student age 16 or over to keep their own medication, this form must still be completed and turned in. Please note the bottom section.

Student Name: _____

Parent Name: _____

Grade: _____ **Parent Phone:** _____/_____

Medication # 1:

Name & Strength (e.g., 5 mg. or 100 ml): _____

Time to be taken: _____

Dosage (# of pills, puffs, tsp., etc.) _____

Reason for medication: _____

Side Effects of Medication: _____

Medication # 2:

Name & Strength (e.g., 5 mg. or 100 ml): _____

Time to be taken: _____

Dosage (# of pills, puffs, tsp., etc.) _____

Reason for medication: _____

Side Effects of Medication: _____

Medication # 3:

Name & Strength (e.g., 5 mg. or 100 ml): _____

Time to be taken: _____

Dosage (# of pills, puffs, tsp., etc.) _____

Reason for medication: _____

Side Effects of Medication: _____

My child, _____, is 16 or older and will keep his/her medication in his/her possession. Please remind him/her to take his/her medication:

___ in the morning, ___ at lunch, ___ before bed. Or: ___s/he needs no reminder.

Anything else parents would like the chaperones to know about their student:

