

## MEDICATION FORM

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Campus \_\_\_\_\_

Please turn in form with all medications in the original container(s) enclosed in a large zip lock baggie. Please mark the baggie with your child's first and last name and grade/gender. No medications can be taken unless they are in the original container per Texas Dept of Health regulations.

Medication	Dosage/Time

All students will be responsible for taking meds at the dosage/time listed above.

Please initial beside each medication we may give to your child if needed:

\_\_\_\_\_ Ibuprofen (i.e. Advil)

\_\_\_\_\_ Acetaminophen (i.e. Tylenol)

\_\_\_\_\_ Diphenhydramine Hydrochloride-Antihistamine (i.e. Benadryl)

\_\_\_\_\_ Antacid (i.e. Maalox, Tums or GasEx)

\_\_\_\_\_ Topical creams (i.e. hydrocortisone cream, triple antibiotic ointment, calamine lotion)

I hereby give my permission to Chase Oaks Student Ministry to administer over-the-counter medications to my student as prescribed or as needed during D-Now January 12-14, 2018.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Who to notify in case of an emergency name \_\_\_\_\_ cell number \_\_\_\_\_



This form **must** be filled out by every person regardless if they have prescription medications or not.