MEDICATION FORM - This form is provided as an optional tool to assist group leaders in managing the medications for their group members. Make copies for your group participants as needed.

Instructions:

- 1. Place Medications (in original containers and clearly labeled) in a zip lock bag.
- 2. Write the campers name on the ziplock bag with a permanent marker.
- 3. Complete and attach this form for designated church counselor to use in administering medications.

Participant Last Name:		Participant First Name:				
Church Name:		City:		_		
As parent/guardian or particular church I or my minor child	cipant of 18 years or o	lder, I give permission part of, to administer	n for the counselor der the medications as in	signated to man	nage medications by the s form.	
Name:		Signature: Dars or older Parent/Guardian/Participant 18yrs or older			Oate: / /	
Parent/Guardian/Part	icipant 18yrs or older	Parent	/Guardian/Participant 18yrs	s or older		
Prescription/ Name of Medication	on Do	osage	# Times / Taken		Time of Day to Administer	
Use th	nis section		edications Time of Day, Initia		tered.	
Monday	Tues	Wed		hurs	Fri.	