



# Prescription & Medication Form

*If your student does NOT take medications, you do not have to fill out this form.  
All medications, prescription and Over-The Counter, that your student will be taking must be accurately described on this form and turned into Staff at check-in.*

Name of Student: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Phone Number: \_\_\_\_\_

Medication(s) to be taken during event:

1) Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

To be taken at what time: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

2) Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

To be taken at what time: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

3) Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

To be taken at what time: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

4) Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

To be taken at what time: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I hereby give permission for this medical information to be shared on a need to know basis.

## Parent/Guardian Legal Signature

*You must be the legal guardian of these minors to sign this form.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENTS: Please do not pack the student's medications in their luggage.  
ALL Medication MUST be turned in at registration.**

Place all medications listed in a Ziploc bag with the student's name printed on the front.