Medication Administration Form

CURRENT MEDICATION INFORMATION:

Name: ____ Birth Date: _____/_____/_____ Age: ___
Sex: ___ Male ___ Female
Church group student came with: ________________________________
Church City & State: __________________________________

As the parent or legal guardian of the above-named child, I give my permission to the enlisted FLS Camp Medical Staff to administer as prescribed by law the listed below medication to my child.

____ ________ (_____) __________________
Parents/Guardian Signature Date Phone #

Medication: ____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _______________________________________

Form of medication: ___ Tablet ___ Pill ___ Capsule ___Liquid ___ Inhalation ___ Other (specify)______________

Dosage (amount to be given): ______________________________ time: _______________________

Remarks or special instructions: ____

Medication: ____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _______________________________________

Form of medication: ___ Tablet ___ Pill ___ Capsule ___Liquid ___ Inhalation ___ Other (specify)______________

Dosage (amount to be given): ______________________________ time: _______________________

Remarks or special instructions: ____

Medication: ____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _______________________________________

Form of medication: ___ Tablet ___ Pill ___ Capsule ___Liquid ___ Inhalation ___ Other (specify)______________

Dosage (amount to be given): ______________________________ time: _______________________

Remarks or special instructions: ____

Medication: ____

Purpose for medication use (e.g. allergies, asthma, antibiotic) ____

Form of medication: ___ Tablet ___ Pill ___ Capsule ___Liquid ___ Inhalation ___ Other (specify)_______________

Dosage (amount to be given): _______________________________ time: ________________________

Remarks or special instructions: ____

Medication: ____

Purpose for medication use (e.g. allergies, asthma, antibiotic) ____

Form of medication: ___ Tablet ___ Pill ___ Capsule ___Liquid ___ Inhalation ___ Other (specify)_______________

Dosage (amount to be given): _______________________________ time: ________________________

Remarks or special instructions: ____

Medication: ____

Purpose for medication use (e.g. allergies, asthma, antibiotic) ____

Form of medication: ___ Tablet ___ Pill ___ Capsule ___Liquid ___ Inhalation ___ Other (specify)_______________

Dosage (amount to be given): _______________________________ time: ________________________

Remarks or special instructions: ____

Medication: ____

Purpose for medication use (e.g. allergies, asthma, antibiotic) ____

Form of medication: ___ Tablet ___ Pill ___ Capsule ___Liquid ___ Inhalation ___ Other (specify)_______________

Dosage (amount to be given): _______________________________ time: ________________________

Remarks or special instructions: ____

Medication: ____

Purpose for medication use (e.g. allergies, asthma, antibiotic) ____

Form of medication: ___ Tablet ___ Pill ___ Capsule ___Liquid ___ Inhalation ___ Other (specify)_______________

Dosage (amount to be given): _______________________________ time: ________________________

Remarks or special instructions: ____