

FBC MUSTANG STUDENT MEDICATION FORM

NOTE: FBC Mustang staff and volunteers cannot administer medication unless this form is completed and signed.

Prescription Medications: Must be signed only by a parent or guardian. All prescriptions must be in the original container.

Staff will hold and dispense medication according to physician's instructions or instructions on over-the-counter medication. FBC Mustang will retain the medication for the duration of the event and return any unused medication at the end of each event.

Over-the-counter & Prescription Medications: to be signed only by parent or guardian.

Name of Child: _____ Date: _____

Medicine: _____ Dosage: _____

Method of Administering (i.e., injection, inhaler, pill, etc.) _____

Does Medication require refrigeration? YES NO

Diagnosis: _____ Is Condition Contagious? YES NO

Dates to be administered:

From _____ To _____ Time(s): _____

(Note: We will only dispense medication as per labeled instructions)

Additional Medication (if needed):

Medicine: _____ Dosage: _____

Method of Administering (i.e., injection, inhaler, pill, etc.) _____

Does Medication require refrigeration? YES NO

Diagnosis: _____ Is Condition Contagious? YES NO

Dates to be administered:

From _____ To _____ Time(s): _____

(Note: We will only dispense medication as per labeled instructions)

Additional Medication (if needed):

Medicine: _____ Dosage: _____

Method of Administering (i.e., injection, inhaler, pill, etc.) _____

Does Medication require refrigeration? YES NO

Diagnosis: _____ Is Condition Contagious? YES NO

Dates to be administered:

From _____ To _____ Time(s): _____

(Note: We will only dispense medication as per labeled instructions)

Medicine: _____ Dosage: _____

Method of Administering (i.e., injection, inhaler, pill, etc.) _____

Does Medication require refrigeration? YES NO

Diagnosis: _____ Is Condition Contagious? YES NO

Dates to be administered:

From _____ To _____ Time(s): _____

(Note: We will only dispense medication as per labeled instructions)

Medicine: _____ Dosage: _____

Method of Administering (i.e., injection, inhaler, pill, etc.) _____

Does Medication require refrigeration? YES NO

Diagnosis: _____ Is Condition Contagious? YES NO

Dates to be administered:

From _____ To _____ Time(s): _____

(Note: We will only dispense medication as per labeled instructions)

Parent Signature: _____ Date: _____