

Zone Summer 2024 Medication Administration Form

Child Name: _____ Date of Birth: __/__/__ Parent Name: _____

Known Allergies: _____

I give permission for my child, _____ to receive the following medications or non-prescriptions medications while at Zone Summer 2024.

- Written permission must be given and signed by the parent or guardian.
- All medications will be kept by Zone Summer Nurse Staff for dispensing.
- Medications must be in the original labeled container with complete instructions.
- Label all new, unopened bottles of non-prescription medication with your child's name.
- Place medication in a gallon size ziploc bag.
- Upon arrival at the church, parents must give medication and this form to the nurses each day. Medication will not be released with the child.

Medication or Procedure	Reason	Dosage & Instructions	Times to be Taken
1.			
2.			

Signature of Parent/Guardian

Date

Medication Administration Tracking

Date	Time	Parent Notification	Nurse Signature
M:			
T:			
W:			
TH:			