FBCNA YOUTH MEDICATION DISPENSING FORM

In order to ensure proper treatment of all students, we require that all parents/guardians complete this form if their son/daughter is to be given medications during the time that he/she is at the FBCNA Event/Retreat. Medication will be dispensed by the Health Care Supervisor/Chaperone according to the directions given below. All medication will be maintained in a locked safe place during the time that the student is attending the event.

Non-prescription medications can be given by permission and direction from the parent, guardian or legal custodian based on general advice received from the youth's physician. Administer nonprescription medication from the original container labeled with the first and last name of the youth and according to the instructions on the label, unless noted as needed. If administered by chaperone, a record of administration must be kept.

ALL MEDICATION MUST BE IN THE ORIGINAL PRESCRIPTION CONTAINER, WITH PRESCRIPTION NUMBER, DATE FILLED, PATIENT'S NAME, DOSAGE AND DOCTOR'S NAME. Please print the following information:

STUDENT NAME:
MEDICATION(S) TO BE DISPENSED:
STRENGTH OF MEDICATION:
DOSAGE AND TIME TO BE ADMINISTERED:
PERIOD OF TIME TO BE ADMINISTERED: (date) to (date)
POSSIBLE SIDE EFFECTS:
REASON FOR MEDICATION:
PRESCRIBING PHYSICIAN:
PHYSICIAN PHONE NUMBER:

_____ Please check here if student can self-administer and carry their own inhaler or Epi-Pen (this only applies to the as-needed inhalers and Epi-Pens)

Signature of Parent/Guardian

Date

Instructions from the parent or health care provider change from the information included on this form. Additional copies of this form may be attached to this page if more space is needed to record the administration of the medication for up to one year if there are no changes in instructions. Above information must be completed on each page but the parent's signature is required only once per year.

Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials