



Medication Instructions Form

Event Date(s): _____

Participant's Information

ONE PARTICIPANT PER FORM

Name: _____

Please List All Prescription or Over-the-Counter Medications You Are Currently Taking

...Even if None Need to be Taken During This Event (use the back if more space is needed)

Name of Medication	Potency	Dosage Instructions
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- 1.
- 2.
- 3.
- 4.
- 5.

- 1. All medications, prescription and over-the-counter, that are needed during this event, must be turned in in their original containers. (Exceptions can be made for inhalers and EpiPens when the event coordinator is notified.)**
- 2. All medication containers are to be placed in a zipper-lock plastic bag, labeled with the participant's name.**
- 3. This completed information form must accompany the medication.**

Parent/Guardian Signature(s): _____ Date: _____