



Prescription Medication Form

Event Date(s): _____

Participant's Information

ONE PARTICIPANT PER FORM

Name: _____

Please List All Prescription Medications You Will Need During This Event

(use the back if more space is needed)

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

- 1. All prescription medications that are needed during this event must be turned in in their original containers. (Users of inhalers and EpiPens can carry their medication, but the event coordinator must be notified via this form.)**
- 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: _____